ATHLETE REGISTRATION

Last Name:_____ First Name:_____ M.I.____ Birth Date:_____/_____/_____ AGE _____

Address:_____ City:_____ State:_____ Zip:_____ Gender: M / F

Phone: ( )_____ Email:_____ Height:_____ Weight:_____

Father's Full Name:_____ Phone:( )_____

Mother's Full Name:_____ Phone ( ) _____

Primary Sport:_____Position:_____Level:_____School/Team:_____Coach:_____

Any Athlete history of Respiratory, Orthopedic, Circulatory, Neurological and/or Genetic conditions: (i.e.: Asthma, developmental joint dislocation, scoliosis, arrhythmia, seizures etc.) Please list below:

_____

_____

Medications *Strength* *How often Taken*

1._____

2._____

Informed consent

In the event of physical injury resulting from the evaluation procedures, equipment usage, training or testing, no medical treatment or monetary compensation will be provided by Quad Cities Acceleration. I must look to my own health insurance policies.

1. My participation is voluntary in this program and I may withdraw from the evaluation or program at any time. The benefits associated with my participation include information regarding my personal state of fitness and the increase of my physiological knowledge.
2. I hereby consent to and permit the Quad Cities Acceleration staff to use the data obtained from me in reports or publications, but my identity will not be associated with such reports unless I have given specific permission to do so.
3. I acknowledge that the Acceleration staff is relying on all information provided by me regarding my medical history and condition to be accurate before allowing me to participate in any evaluation or program. I certify the information provided to be true and correct.
4. PAYMENT to Acceleration and payment of per session programs are to be **PAID IN FULL** prior to or at the time of testing. It is not our policy to offer cash refunds.
5. Acceleration requires 24 hours advance notice for any change of appointments or cancellation. Any individual failing to show for a scheduled appointment or call in advance will forfeit a paid session.
6. An athlete must complete his/her program within 4 weeks of their first appointment (or 8 weeks if an athlete is doing the Elite Program). If the program exceeds the amount of time allowed, the remainder of the training sessions will be forfeited. No exceptions. Our basic program is designed for completion in 4 to 8 weeks (depending on program purchased) on a two times per week basis to achieve the full physical and neurological benefits. Fridays during the 4 or 8 weeks can be used for make ups.
7. NO CHILDREN ALLOWED. Parents should feel free to check in on the progress of their son or daughter although only athletes who are currently participating in the Quad Cities Acceleration Program are allowed to be in the training area.
8. I also agree to periodic emails from Quad Cities Acceleration and its staff regarding performance results, training, newsletters and new program information.
9. I have reviewed the Informed Consent/Policy Form, the information I provided is true and correct. I understand the conditions, and my questions have been answered

_____ _____ _____

Printed Name of Participant Signature of Participant Date

As parent/guardian, I consent to _____ participating in the Quad Cities Acceleration Program including all testing and protocol administration.

_____ _____

Parent/Guardian Signature Date

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