



SPORTS PERFORMANCE PARTICIPANT INFORMATION

PARTICIPANT NAME	DATE	DOB	M	F	GENDER
PARENT / GUARANTOR NAME (IF UNDER 18)		DOB			
ADDRESS	CITY	STATE	ZIP		
EMAIL (S)					
CELL PHONE (RECEIVES APPT. TEXT ALERT)		HOME PHONE			

EMERGENCY CONTACT INFORMATION

PRIMARY	NAME	RELATION	PHONE
SECONDARY	NAME	RELATION	PHONE

REFERRAL SOURCE (S)

- Another Client _____
- Summit Employee _____
- Email _____
- Social Media (Facebook/Twitter/Instagram)
- Radio Advertisement
- TV Advertisement
- Internet Search
- Flier / Pamphlet
- School Event _____
- Other _____

DESIRED TRAINING OPTION

- One-Time Free Trial Visit (Open Group Students Only)
- Single Session / Evaluation / Home Program
- Monthly Autopay Contract
- 10 Session Training Pass (1 Year Expiration)

Training fees shall be paid in full before the first training session.

MEDICAL HISTORY

- YES NO 1. Have you previously been a patient/client at Pinnacle Sports Performance?
- YES NO 2. Are you allergic to any medications (asprin, penicillin, etc)? _____
- YES NO 3. Do you take any prescribed medication on a permanent or semi-permanent basis (steroids, birth control pills, anti-inflammatories, antibiotics, etc)? _____
- YES NO 4. Are you currently taking any supplements? (List) _____
- YES NO 5. Have you ever had an epileptic seizure?
- YES NO 6. Have you ever been told by a doctor that you have epilepsy? (List Medications) _____
- YES NO 7. Have you ever been treated for diabetes?
- YES NO 8. Have you ever been told by a doctor that you were anemic? When? _____
- YES NO 9. Have you ever been told by a doctor that you have sickle cell anemia or a sickle cell trait?
- YES NO 10. Do you have or have you ever had high blood pressure? (List Medications) _____
- YES NO 11. Do you have or have you ever had the following diseases?
- Heart Disease (heart murmur, etc) Date _____
- Lung Disease (pneumonia) Date _____
- Kidney Disease (infections) Date _____
- Liver Disease (mononucleosis, hepatitis) Date _____
- YES NO 12. Do you or have you ever been told by a doctor that you have asthma? (medications) _____
- YES NO 13. Do you or have you ever had a hernia or "rupture"? Has it been repaired? _____
- YES NO 14. Have you been "knocked out" unconscious, or been told you had a concussion, in the past 3 years? Dates? _____
- YES NO 15. Have you stayed overnight in a hospital due to a head injury? Dates? _____
- YES NO 16. Have you ever had a neck injury involving bones, nerves, or discs that disabled you for a week or longer? Type of injury and dates? _____

- YES NO 17. Do you wear glasses or contacts during competition?
- YES NO 18. Have you had a broken bone or fracture in the past 2 years?
R or L? ___ What bone? _____ Date? _____
- YES NO 19. Have you had a shoulder injury in the past 2 years? R or L?
Date? _____
- YES NO 20. Have you ever had a shoulder surgery? R or L? ___ Type of
surgery and dates? _____
- YES NO 21. Have you ever injured your back? Type of injury and
dates? _____
- YES NO 22. Do you have back pain? *Circle applicable - Seldom,
Occasionally, Frequently, With Vigorous Exercise, With
Heavy Lifting?*
- YES NO 23. Have you injured your knee in the past 2 years? R or L?
Type of injury and dates? _____
- YES NO 24. Have you been told by a doctor or athletic trainer that you
injured the cartilage in your knee? R or L? ___ Date? _____
- YES NO 25. Have you been told by a doctor or athletic trainer that you
injured the ligaments in your knee? R or L? ___ Date _____
- YES NO 26. Have you ever had knee surgery? R or L? ___ Type of surgery and
dates? _____
- YES NO 27. Have you had a severe ankle sprain in the past 2 years?
R or L? ___ Dates? _____
- YES NO 28. Do you have a pin, screw, or plate in your body? Where and
date inserted? _____
- YES NO 29. Do you have, or have had, any other conditions or surgeries
that we should be aware of (ulcers, pregnancy, allergies,
tendonitis, etc)? _____
- YES NO 30. Were you cleared for exercise at your most recent physical?
What was the date of your most recent physical? _____

THE QUESTIONS ON THIS FORM HAVE BEEN ANSWERED COMPLETELY AND TRUTHFULLY TO
THE BEST OF MY KNOWLEDGE.

Signature of Participant (Guardian under 18) _____ **Date** _____

INFORMED CONSENT AND RELEASE OF LIABILITY

PLEASE CAREFULLY READ the following:

1. **Participation** - My participation is voluntary and I may withdraw from the program at any time.
2. **Release of Data** - I hereby consent and permit Pinnacle Sports Performance (PSP) to use any data or reports obtained as a result of my participation in reports or publications. My name will not be used in such reports unless I have given written permission to do so.
3. **Release of Likeness** - I hereby give permission to PSP to use the participant's name and photographic likeness in all forms and media for advertising including but not limited to ads, fliers and social media.
4. **Accurate Medical History** - I acknowledge that PSP is relying on all information provided by me regarding my medical history and condition before allowing me to participate in any evaluation, training or program. I certify that the information provided is true and correct. I further represent that I have no physical or medical condition that would restrict or prohibit my participation and that I will inform the specialist if an injury or other medical condition occurs during the course of the program that could affect my participation.
5. **Charged Cancellations** - I will make every effort to be on time for my scheduled appointments. Appointment cancellations must be called in at least 24 hours prior to the appointment. Any participant that is late for a scheduled appointment will receive a modified training session to fit the remaining time left of the session. PSP reserves the right to charge for any missed or late cancelled appointments. I understand that if I elect to interrupt training for longer than 7 days, I must notify PSP, or remaining sessions could be cancelled.
6. **No Refunds** - No refunds will be issued for any reason, including but not limited to relocation, illness, and unused sessions.
7. **Professional Guidance** - This program is provided by professionals trained in exercise science and certified by the National Strength and Conditioning Association. I understand that the desired benefits from this program are greatest when adhering to the guidelines set by the program and trainers (i.e. number and frequency of sessions, level of effort, etc.).
8. **Liability Release** - I acknowledge that by signing this document for participation in PSP that I release PSP, its officers, members, staff, employees and agents from all liability. I understand that PSP involves participation in strenuous physical activity with the use of fitness equipment and that physical injury could result from such activity. The participant has no physical or medical condition which would endanger the participant or others during training on PSP equipment.
9. **Waiver** I agree not to bring any claim, demand and/or cause of action of any nature whatsoever against PSP or any officer, member, staff or agent for any loss damages, and injuries including: 1) any known and unknown, foreseen and unforeseen bodily and personal injury, 2) loss of life, and 3) any attorney's fees at trial and appellate levels, and costs sustained, directly or indirectly, or alleged to have been sustained, or in any fashion arising from, in connection with, or resulting from the participant's participation in or association with PSP, even if due to the negligence of PSP, or any officer, member, staff, employee or agent. The participant and I hereby accept and assume full responsibility for any and all harm caused by negligence and release, and discharge, and/or otherwise indemnify PSP, its officers, members, staff, employees and agents as to any claims and cause of action by or on behalf of the participant and his or her parents or legal guardians. I agree that PSP is not an insurer and it is not my intention or the intention of PSP, or any officer, member, staff, employee or agent, to assume responsibility for any loss, damages, or injuries arising from the participant's participation in or association with PSP.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS BEFORE SIGNING. I ACKNOWLEDGE THAT BEFORE SIGNING I HAD AN OPPORTUNITY TO DISCUSS ANY QUESTIONS I HAD ABOUT THE ABOVE INFORMED CONSENT AND RELEASE OF LIABILITY.

Signature of Participant (Guardian under 18) _____ Date _____