

Unified Performance Athletes

ATHLETE CHECKLIST

Please read the following checklist carefully and bring all completed forms with you to your scheduled appointment. If you have not done so already, contact Kelvin Robinson at (254) 644-2431 to schedule a planning time and your first training session.

1. **ATHLETE INFORMATION SHEET**
2. **PARTICIPATION CONSENT FORM**
3. **PHOTO/VIDEO RELEASE FORM**
4. **PAYMENT-** Payment in full is required **BEFORE** beginning the program. We accept cash, check, or credit card payments.

REMEMBER: If you are under 18 years of age, a parent or guardian must also sign all forms.

We will not allow athletes to begin training until all of the above items have been received. There are NO EXCEPTIONS. Please check the list carefully to ensure you are able to start on your predetermined start date. the possibility of not being able to begin when you wish. Contact (254) 644-2431 if you have any questions or concerns.

Thank you for your interest in the Unified Performance Athletic Sports Training program. We look forward to working with you.

Regards,

Kelvin Robinson

ATHLETE INFORMATION SHEET

Name: _____

Address: _____
Street
City
Zip Code

Date: _____ Height: _____ Weight: _____ DOB: _____

Parent Phone: _____ Student Phone: _____

Parent E-mail Address: _____

Student E-mail Address: _____

School: _____ Sport(s): _____

EMERGENCY CONTACTS:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

HEALTH HISTORY: IT IS VERY IMPORTANT THAT YOU GIVE US ACCURATE AND COMPLETE INFORMATION ABOUT YOUR MEDICAL HISTORY AND CONDITION AS TREATMENT AND TRAINING PROGRAMS OR PROCEDURES RECOMMENDED WILL BE BASED ON SUCH INFORMATION.

1. Have you or any immediate family members (brother, sister, mother, father, grandparents) had any of the following:

	Self	Family		Self	Family
Bronchitis	_____	_____	Hypertension (BP)	_____	_____
Emphysema	_____	_____	Hypotension (BP)	_____	_____
Asthma	_____	_____	Heart Attack	_____	_____
Pneumonia	_____	_____	Angina	_____	_____
Pleurisy	_____	_____	Heart Murmur	_____	_____
Fibrosis	_____	_____	Rheumatic Fever	_____	_____
Tuberculosis	_____	_____	Arrhythmia	_____	_____
Dyspnea	_____	_____	Phlebitis	_____	_____
Heartburn	_____	_____	Aneurysm	_____	_____
Vertigo	_____	_____	Thrombosis	_____	_____
Arthritis	_____	_____	Diabetes	_____	_____

2. Please list any surgeries you have had performed. (Include Dates)

3. Has any immediate family member had cardiac or pulmonary surgery? Please Specify.

4. Are you currently taking or presently under any medication? Please specify.

5. Have you ever been advised by a physician to avoid any type of exercise? _____
Specify: _____

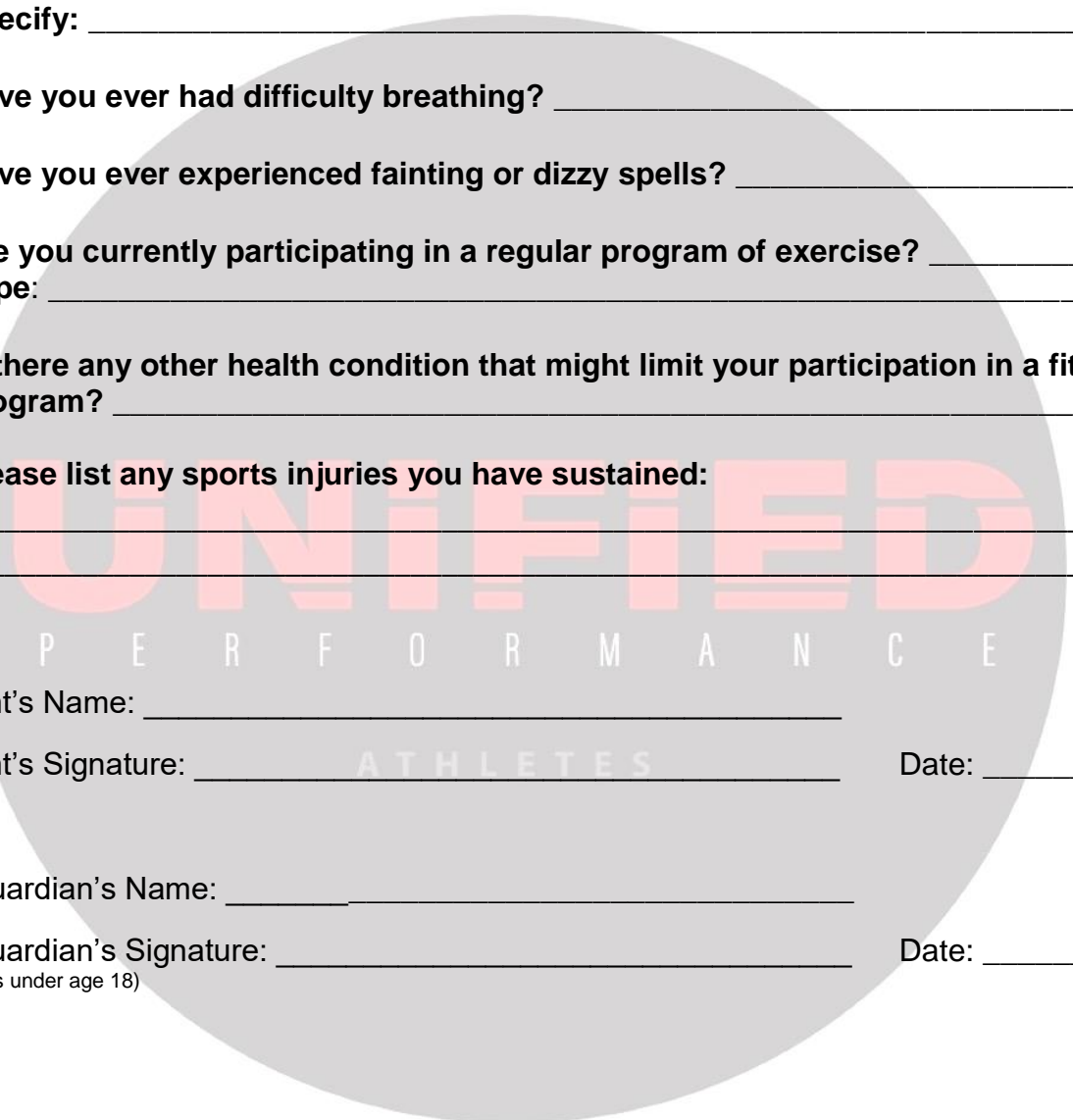
6. Have you ever had difficulty breathing? _____

7. Have you ever experienced fainting or dizzy spells? _____

8. Are you currently participating in a regular program of exercise? _____
Type: _____

9. Is there any other health condition that might limit your participation in a fitness program? _____

10. Please list any sports injuries you have sustained:



Participant's Name: _____

Participant's Signature: _____

Date: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____

(if participant is under age 18)

**RELEASE OF LIABILITY
AND
INFORMED CONSENT**

HighPower Fitness/
Unified Performance Athletes

> Hereafter referred to as the "Group"

PLEASE READ the accompanying information regarding the athletic performance/fitness evaluation protocols, equipment usage, and equipment testing. If you have any questions, please ask a staff member.

1. MY PARTICIPATION IS VOLUNTARY and I may withdraw at any time from the Training Program (hereafter the "Training"). The benefits associated with my participation include information regarding my personal state of fitness and increase of my physiological knowledge.
2. The testing will be under the direction of HighPower Fitness staff.
3. I HEREBY CONSENT TO AND PERMIT THE Group to use the data obtained in reports or publications, but my identity will not be associated with such reports unless I have given specific written permission to do so.
4. I acknowledge that the Group is relying on all information provided by me regarding any medical history and condition before allowing me to participate in the Program, and that I have been truthful and forthright about my medical history and condition.
5. IN EXCHANGE FOR MY BEING ALLOWED TO PARTICIPATE IN THE PROGRAM, I HEREBY GIVE MY INFORMED CONSENT TO THE GROUP TO PARTICIPATE IN THE PROGRAM AND FURTHER RELEASE THE GROUP FROM ANY AND ALL LIABILITY ASSOCIATED WITH MY PARTICIPATION IN THE PROGRAM. I RELEASE THE GROUP FROM ALL LIABILITY FOR ANY DAMAGES I MIGHT SUSTAIN AS A RESULT OF MY PARTICIPATION IN THE PROGRAM, INCLUDING BUT NOT LIMITED TO, MEDICAL EXPENSES, LOST WAGES, ANY OTHER OUT-OF-POCKET EXPENSES, LOSS OF EARNING CAPACITY, PAIN AND SUFFERING, AND EMOTIONAL DISTRESS. I AGREE TO SEEK COMPENSATION FROM MY OWN HEALTH INSURANCE CARRIER FOR ANY INJURY SUSTAINED AS A RESULT OF MY PARTICIPATION IN THE PROGRAM.
6. I certify the information provided in the above sections 1 through 5 to be true, correct, and applicable to me.

Signature of Participant

Date

The participant is under the age of 18 years. I have reviewed the information provided above in sections 1 through 6 and certify it to be true and correct. I represent that I am the parent/legal guardian of the Participant and that I have medical insurance in force to cover any injuries for the minor Participant and I consent to _____ participating in the Program. I, as the parent/legal guardian of the Participant, agree both on my behalf and on behalf of the minor Participant, to release the aforementioned Group from all liability that may arise from the participation of my minor child/ward, both for medical expenses and for all other expenses, damages or injuries that may occur as a result of my child/ward's participation, in the Program.

Signature of Parent or Legal Guardian

Date

HighPower Fitness/Unified Performance Athletes PROGRAM

PHOTO / VIDEO CONSENT

Date: _____ Phone: _____

Name of Athlete: _____

Address: _____
Street City Zip Code

Purpose: ___ Photograph ___ Video ___ Interview ___ All (photo, video, interview)

___ Other: _____

Requested by HighPower Fitness/Unified Performance Athletes Training Program

I hereby give my permission to be photographed / videotaped / interviewed for the purpose indicated above. I understand that my photograph / video / interview will not be used in any other fashion unless my written permission is obtained or unless I have indicated my permission below. *

Signature: _____ Date: _____

Witness: _____ Date: _____

If the patient is a minor (under age 18) or is incapable of signing the signature of a parent, guardian or a representative is required.

Signature: _____ Date: _____

Witness: _____ Date: _____

**** HighPower Fitness/Unified Performance Athletes Training Program has my permission to use this photograph / videotape / interview for future publications, promotional materials, social media or other educational materials without contacting me.**

YES: ___ NO: ___ Signature: _____ Date: _____