1535 Crescent Road Clifton Park, NY 12065 (518)371-1469

Name:____ **Date:**__________

Age:_________ **Birthday:**_________ **Email address:** _________________________________

School: _________________________________**Sport(s):** _____________________________

Program (circle two): Maintenance Acceleration Strength & Conditioning

Individual or Team 6 month unlimited access 12 month unlimited access

Payment Options:
_____ 1-Payment in FULL (Cash, CC, Check)
_____ 2-50% Payment Check now AND post-dated Check (4 weeks from today)

How did you hear About Us? ____

____

I have read and understand the "Cancellation and Rescheduling Policies". ______ (Initial here)

Cancellation and Rescheduling Policies:
The Athletic Republic Programs achieve the greatest results when completed in a consecutive week period. AR trainers strive to provide the best quality training to ensure the success of the athlete. Any athlete who does not complete the program within the allotted week window risks not having optimal results from our Tested & Proven Programs.

- Due to high demand and availability, any athlete who does not cancel or reschedule prior to 9 PM on the day prior to their scheduled appointment will forfeit that session. **A courtesy of 24 hours before your scheduled appointment is greatly appreciated.**
- An athlete is allotted a maximum of two(2) weeks from their scheduled end date to complete all rescheduled or cancelled training sessions. After two(2) weeks, all remaining sessions will be forfeited without refund.
- Accounts can be frozen due to injury/illness only with proper documentation from a certified physician. No refunds.
- A one-time forgiveness will be allowed and documented for missed sessions.

INTERNAL USE ONLY:

Forgiveness date: ________

Dates Attended:

Pre-Test									
Missed									

Referrals:
1.________________________2__________________________3.____________________________

4.________________________5.__________________________6.____________________________

EMERGENCY CONTACT INFORMATION SHEET

Athlete Name: ____

Contact #1: _____________________________________ Relation: _________________

Address: ____

____

Phone (H): ____________________________

Phone (C): ____________________________

Contact #2: _____________________________________ Relation: _________________

Address: ____

____

Phone (H): ____________________________

Phone (C): ____________________________

INFORMED CONSENT

My participation in the Athletic Republic™ Program is voluntary 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.

I HEREBY CONSENT TO and PERMIT the Athletic Republic™ Program staff to use my testing data obtained in report or publications, but my identity will not be associated with such reports unless I have given specific permission to do so.

I understand that these evaluation(s) and program participation should not result in physical injury to me. However, I acknowledge the following:

> *In the event of physical injury resulting from the evaluation procedures, equipment usage of equipment testing, initial first aid will be provided. If further medical attention is needed I must look to my own health insurance policies for further medical assistance.*

I understand the Athletic Republic™ Program staff is relying on all information provided by me regarding my medical history and condition before allowing me to participate in any evaluation or training program. I certify the information to be true and correct.

______________________________________ ____

Client Signature Parent/Guardian/Conservator Signature (if Client is a minor)

PERMISSION TO PROVIDE MEDICAL TREATMENT AGREEMENT

I HEREBY give my permission for my son/daughter, _______________________________________ to undergo medical treatment for any injury or illness he/she may sustain or acquire while engaged in the Athletic Republic™ Program. I understand that the personnel of the Athletic Republic™ Program use only those procedures, which are within their training, credentialing and scope of professional practice to prevent, care for and rehabilitate injuries. In the event that more serious medical procedures are required, such as surgery or other invasive procedures, I understand that attempts will be made to contact me for my consent. I understand that if my child suffers a potentially life threatening injury or illness, and in the event I am unable to be contacted within a reasonable period of time, that I authorize any duly licensed medical practitioner to perform such procedures as may be medically necessary to alleviate the problem.

I have had the opportunity to ask questions regarding this release and all of my questions have been answered to my satisfaction. Having understood the above agreement, I freely sign this Permission to Provide Medical Treatment Agreement.

I acknowledge that the participant is under the age of 19. I have reviewed the information provided and certify it to be true and correct.

I consent to ___________________________ participating in the evaluation and program.

______________________________________ _____________________________

Signature of Parent/Guardian/Conservator Date

MEDICAL HISTORY SURVEY

1. Do you have now or have you had in the past, problems with (check yes or no for each area listed):

	YES	NO
Headaches Requiring Treatment		
Heart		
Breathing (i.e. asthma)		
Abdominal Pain		
Dizzy Spells / Fainting		
Black Outs		
Eyes (except glasses)		
Hearing or Ears		
Arthritis		
Joint Pain or Swelling		
Knees (i.e. injury, giving out, swelling)		
Spine (Back or Neck)		
Broken Bones		
Kidneys		
Bladder		
Diabetes		
High Blood Pressure		
Cancer		
Operations or Surgery		
Varicose Veins		
Skin Disorders		
Other Major Injuries		
Drug Allergies		
Eating Disorder		
Allergies		
Numbness or Tingling in Arms, Hands, Legs or Feet		
Skin Rashes		

2. Have you had any problems with the following muscle, tendon, bone or joint areas (check yes or no for each area listed):

	YES	NO
Head		
Neck		
Back		
Chest		
Shoulder		
Upper Arm		
Elbow		
Forearm		
Wrist		
Hand		

	YES	NO
Fingers		
Hip		
Thigh		
Knee		
Shin		
Calf		
Ankle		
Foot		
Toes		

3. If you answered YES to any of item in questions 1 or 2, please provide details:

____

____

4. What physical activities have you been doing in the last two months?

____

____

____

5. Have you ever been knocked unconscious and/or had a seizure? _____

   If yes, please provide details: ____

   ____

   ____

6. Have you ever had a cervical spine injury? _____

   If yes, please provide details: ____

   ____

   ____

7. Are you under a physicians care at the present time? _____

   If yes, please provide details: ____

   ____

   ____

8. Are you taking any medications or drugs at the present time? _____

   If yes, please provide details: ____

   ____

   ____

9. Are you taking any supplements at the current time? _____

   If yes, please provide details: ____

   ____

   ____

10. Do you have a permanent handicap or disability? _____

    If yes, please provide details: ____

    ____

    ____

11. Have you ever had any problems during or after exercise such as passing out, dizziness or chest pains? _____

    If yes, please provide details: ____

    ____

    ____

12. Have you ever become ill from exercising in the heat? _____

    If yes, please provide details: ____

    ____

    ____

13. Please provide any other pertinent information not asked on this form:_______________________________________

    ____

    ____

POLICY FORM

<u>Training Fees</u>

Training fee advance deposits are necessary before scheduling any pretests and evaluations. These are non-refundable.

Athletic Republic™ Programs are non-transferable and are designed to be completed in 6-8 weeks in order to achieve optimal results. The fee balance will be held for 80 days from the start of the first workout. If after this time, training has not been completed, the remainder of your account will be forfeited.

<u>Refunds</u>

Training fees paid in full prior to any pre-test and evaluation will be subject to a cancellation fee of $75.00.

No refunds will be given once an athlete starts a Athletic Republic™ Program. If an athlete is unable to complete the training, due to an injury that occurred outside the Athletic Republic™ Program or other relevant circumstances that will not permit the athlete to finish, the remaining credit minus the cancellation fee of $75.00 will be kept on account for no longer than one year from the start of the first workout. If after this time the athlete has not used his/her credit the remaining amount will than be forfeited.

If at any time an individual is unable to complete a performance training program due to an injury sustained during actual Athletic Republic™ Program component training, the prorated balance of their training fee may be refunded or maintained on account until the individual is able to complete their training.

Cash refunds will not be given. Individuals granted refunds will receive a credit for the amount paid, which may be used towards the purchase of other Athletic Republic™ Program services.

<u>Scheduled Appointments</u>

Any individual failing to show for a scheduled Athletic Republic™ Program session appointment will forfeit a paid session.

Cancellations are to be made one day in advance. Athletes canceling on the day of their appointment will be charged for that session. Early cancellations will lessen the possibility that you will have to forfeit a paid session.

Any athlete that is 5 to 15 minutes late for a scheduled appointment will receive a modified training session to fit the remaining time of the session. If the individual is over 15 minutes late for an appointment, they will forfeit that session.

I understand this Policy Form and it's conditions.

___________________________________ __________
Client Signature Date

____
Print Name

____
Address

If Client is a Minor

___________________________________ __________
Parent/Guardian/Conservator Signature Date

____
Print Name

____
Address

RELEASE OF ALL CLAIMS, WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT

ACKNOWLEDGEMENT OF RISK AND DANGER AND ASSUMPTION OF RISK

I understand and am aware that the use of the Excel Sports Group LLC Athletic Republic™ Program facilities and equipment has inherent and unanticipated and unknown risks and dangers that may cause injuries or death. I expressly assume all risk or injury or death that may be sustained during my use of the facilities and equipment, its officers, director, agents and employees, defects in the facilities and equipment, the negligence of others and my own negligence or misuse.

_______/________
Initial - If minor, parent/guardian/conservator also initial.

RELEASE, COVENANT AND PROMISE NOT TO SUE

In consideration of being permitted to use the Excel Sports Group LLC/Athletic Republic™ Program facilities, services and equipment, I hereby release, acquit and discharge this facility, its successors and assigns, and its offices, directors, agents, and employees of and from all claims and liability of any kind which agree that I will not sue or commence any action of any kind against Excel Sports Group LLC/Athletic Republic™ Program, its successors and assigns and its officers, directors, agents, or employees.

_______/________
Initial - If minor, parent/guardian/conservator also initial.

INDEMNIFICATION AGREEMENT

In consideration of being permitted to use the Excel Sports Group LLC/Athletic Republic™ Program facilities, services, and equipment, I agree to indemnify and hold harmless this facility, its successors and assigns, and its officers, directors, agents, and employees of and from any claims, demands, liability, or judgments arising out of my use of the Excel Sports Group LLC/Athletic Republic™ facilities and equipment.

_______/________
Initial - If minor, parent/guardian/conservator also initial.

PARENT/GUARDIAN/CONSERVATOR INDEMNIFICATION AGREEMENT

In consideration of my child/ward being permitted to use the Excel Sports Group LLC/Athletic Republic™ Program facilities and equipment I agree to indemnify and hold harmless this facility, its successors and assigns, and its officers, directors, agents and employees of and from any claims, demands, liability, or judgments made by or on behalf of my child/ward arising out of or during my child/ward's use of the Excel Sports Group LLC/Athletic Republic™ Program facilities and equipment.

_______/________
Initial

Client:

___________________________ ___________
Signature Date

____
Print Name

____
Address

____

Parent/Guardian/Conservator if applicable:

___________________________ ___________
Signature Date

____
Print Name

____
Address

____

Athlete Goal Development:

Goal/Dreams

Example: - Play Division 1 Football

Sub goals

s to h!

- What is your diet like? Breakfast, Lunch, and Dinner??

-What kind of exercise do you do outside AR? Weight Lifting, Running, etc.

- What are your strengths and weaknesses?

-

-

Athlete name:
Sport:
Parent/Athlete Email:
Program:

Athlete Report Sheet

Week # Session # -	Week # Session # -
Week # Session # -	Week # Session # -
Week # Session # -	Week # Session # -
Week # Session # -	Week # Session # -
Week # Session # -	Week # Session # -
Week # Session # -	Week # Session # -

Final Stats

Running Treadmill: Pretest- Post Test-
Pro-Agility: Pretest- Post Test-
10 yd. Dash: Pretest- Post Test-