



ATHLETE PERSONAL PROFILE

DATE: ___ / ___ / 2009

TEAM _____

EMAIL _____

FIRST NAME _____

HOME PHONE _____

LAST NAME _____

WORK PHONE _____

GENDER male female

CELL PHONE _____

ADDRESS _____

DATE OF BIRTH _____ / _____ / _____

CITY _____

AGE _____ GRADE/COLLEGE _____

STATE _____ ZIP _____

REFERRED BY _____

**** Waiver MUST be initialed & signed by parent or guardian before any athlete can participate ****

PRIMARY EMERGENCY CONTACT

SECONDARY EMERGENCY CONTACT

Name _____
Relation _____
Home Phone _____
Work Phone _____
Cell Phone _____

Name _____
Relation _____
Home Phone _____
Work Phone _____
Cell Phone _____

PREVIOUS INJURIES

	R	L	Date of Injury	Details
Foot			_____	_____
Ankle			_____	_____
Knee			_____	_____
Hip			_____	_____
L. Back			_____	_____
Up. Back			_____	_____
Neck			_____	_____
Shoulder			_____	_____
Elbow			_____	_____
Wrist			_____	_____
Other			_____	_____

ACTIVE SPORTS (please circle all that apply)

Baseball Basketball Field Hockey Figure Skating Football Golf Gymnastics
Hockey Lacrosse Soccer Softball Swimming Tennis Track & Field
Volleyball Wrestling Other: _____

PRIMARY COMPETITIVE SEASON(S): (please circle) FALL WINTER SPRING SUMMER

TEAMS YOU COMPETE FOR: (please list)
1. _____
2. _____
3. _____
4. _____

GOALS: (for example: to get stronger, improve conditioning, etc.)
1. _____
2. _____
3. _____
4. _____

ATHLETE PERSONAL PROFILE (continued)



MEDICAL CONDITIONS

Current Medications: _____

Asthma (circle one) Yes No if yes, exercise induced? Yes No

If you are allergic to any medications, foods, or other substances, please name them: _____

Any chronic or acute conditions you suffer from that we need to be aware of: _____

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has a doctor ever said you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you feel pain in your chest when you do physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. In the past month, have you had chest pain when you were not doing physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you lose your balance because of dizziness or do you ever loss consciousness? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you know of <u>any other reason</u> why you should not do physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Are you pregnant? Or, have you given birth in the past 6 months? |

If you answered yes to any of the questions, please explain:

AGREEMENT & RELEASE OF LIABILITY

- In consideration of being allowed to participate in the sports performance programs of CATZ and to use its facilities, equipment and services, in addition to payment of any fee or charge, I do hereby forever waive, release and discharge CATZ and its officers, agents, employees, representative, executors, and all others acting on their behalf from any and all claims or liabilities for injuries or damage to my person and/or property, including those caused by the ordinary act or omission of any of those mentioned or others acting on their behalf, arising out of or connected with my participation in any activities, programs or services of CATZ, or other use of any equipment at various sites, including home, outdoor areas, provided by and/or recommended by CATZ. I understand that the terms of this release shall not apply to gross negligence, willful or wanton conduct or criminal activity. (Please initial _____)
- I have been informed of, understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment, is potentially hazardous activity. I also have been informed of, understand and am aware that fitness and sports performance activities involve a risk of injury, including a remote risk of stroke, heart attack, death or serious disability, and that I am voluntarily participation in these activities and using equipment and machinery with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. (Please initial _____)
- I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation or use of equipment or machinery. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in the exercise activities, programs and use of exercise equipment. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and use of exercise equipment. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in the exercise activities, programs and use of equipment with out the approval of my physician and do hereby assume all responsibility for my participation in said activities, programs and use of equipment. (Please initial _____)
- I understand that CATZ provision and maintenance of a sports performance program for me does not constitute an acknowledgment, representation or indication of my physiologically well being, or a medical opinion relating thereto. (Please initial _____)
- In the event that nay provisions of this agreement should be deemed to be invalid, then in that event, the remaining terms hereof shall continue to be valid and enforceable between the parties hereto. (Please initial _____)

Parent/Guardian Signature _____ Date _____

Athlete's Signature _____ Date _____