

# Emergency Contact Form (Please print clearly)

Athlete's Name: \_\_\_\_\_ Male Female

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Birthday (month/day/year): \_\_\_\_\_

Sports You Participate in (if any)

\_\_\_\_\_

Allergies (Medicines, Food, Insects, Etc.):

\_\_\_\_\_

Asthma or other Respiratory Disease: Yes No If yes, please provide details:

\_\_\_\_\_

Existing Injuries (back, shoulder, knees, etc.): Yes No If yes, please provide details:

\_\_\_\_\_

\_\_\_\_\_

Anything else we need to know about you?

\_\_\_\_\_

## ***Parent/Guardian Information:***

Name: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Sports You Participate in (if any)

\_\_\_\_\_

Anything else we need to know about you?

\_\_\_\_\_

How did you hear about Beehive Athletics?

\_\_\_\_\_

What are you interested in: Sports Specific Training or Personal/Fitness Training

## **PLEASE READ & SIGN**

### **Waiver, Release, and Assumption of Risk Form**

I have volunteered to participate in a sport/fitness program provided to me by Beehive Athletics, which may include, but may not be limited to, resistance training or anerobic exercise, aerobic or cardiovascular exercise and/or sport specific skill training. I do here now and forever release and discharge and hereby hold harmless Beehive Athletics, and his respective agents, heirs, assigns, contractors, and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in this or any sports/exercise program including any injuries resulting there from.

THIS WAIVER AND RELEASE OF LIABILITY INCLUDES, WITHOUT LIMITATION, INJURIES WHICH MAY OCCUR AS A RESULT OF (1) EQUIPMENT BELONGING TO TRAINER OR TO MYSELF THAT MAY MALFUNCTION OR BREAK; (2) ANY SLIP, FALL, DROPPING OF EQUIPMENT; (3) AND/OR NEGLIGENT INSTRUCTION OR SUPERVISION.

I have been informed of, understand and am aware that any sport/exercise program, whether or not requiring the use of exercise equipment, is a potentially hazardous activity. I also have been informed of, understand and am aware that any exercise and/or fitness activities involve a risk of injury, as well as abnormal changes in blood pressure, fainting, and a remote risk of heart attack, stroke, other serious disability or death, and that I am voluntarily participating 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, regardless of severity, or death. I have been advised that an examination by a physician should be obtained by anyone prior to commencing a fitness and/or exercise program, or initiating a substantial change in the amount of regular physical activity performed.

If I have chosen not to obtain a physician's consent prior to beginning this fitness program, I hereby agree that I am doing so solely at my own risk. In any event, I acknowledge and agree that I assume the risks associated with any and all fitness related activities and/or exercises in which I participate.

**This form is an important legal document that explains the risks you are assuming by beginning an exercise/sport program. It is critical that you have read and understand this document completely. If you do not understand any part of this document, it is your ultimate responsibility to ask for clarification prior to signing it.**

Child's Name (please print): \_\_\_\_\_

Parent/Guardian Name (please print): \_\_\_\_\_

Parent/Guardian Signature:

\_\_\_\_\_

Date: \_\_\_\_\_