

# REVOLUTION ATHLETICS

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

## Athlete's Information

## Parent/Guardian Information

Organization/School: \_\_\_\_\_

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

Athlete's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Athlete Cell Phone: \_\_\_\_\_

Primary Care Physician/Phone: \_\_\_\_\_

Athlete Email: \_\_\_\_\_

Sports Played & Position: \_\_\_\_\_

\_\_\_\_\_

### Payment Type – Office Use Only

Cash	Check	M/C	Visa	Discover	

OFFICE USE ONLY	
REFERRAL	
DEMO	
EVALUATION	
NOTES	

Trainer Signature: \_\_\_\_\_

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

# REVOLUTION ATHLETICS

What other training facilities or trainers have you worked with previously?

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Has your son/daughter suffered any injuries? If so what was the nature, date, and severity of the injury? What was the prescribed course of treatment?

Has he/she received medical clearance to resume full activities?

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Goals

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Weaknesses

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Strengths

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## The School of Speed and Strength Contract

# REVOLUTION ATHLETICS

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

1. Upon registration, the student, parent, or legal guardian shall pay Revolution Athletics, LLC in full.
2. A **return check fee** in the amount of \$20 will be assessed by Revolution Athletics, LLC for each check not honored for payment.
3. All students agree to abide by the safety rules and regulations set forth by Revolution Athletics, LLC. In the event of non-compliance, students may be dismissed from the program. In the event of dismissal, no refunds will be issued, however any future payments due under the installment plan will be cancelled.
4. Equipment repair/replacement costs incurred as a direct result of student misuse will be the responsibility of the student, parent, or legal guardian.
5. Revolution Athletics, LLC reserves the right to substitute an instructor without prior notice.
6. All cancellations must be received 24 hours prior to training session in order to be eligible for a make up session. Cancellations not received with 24 hour notice may be eligible for a make up session at management's discretion. No-show students are not eligible for make up sessions under any circumstances.
7. Cancellations may be made via a telephone call to **(631) 615-2719**. Cancellations are also accepted via e-mail. If you choose to e-mail notification of cancellation, please send a message to the following e-mail addresses: **info@RevoAthletics.com**.
8. Revolution Athletics, LLC does not issue refunds. In cases of unforeseen events, Revolution Athletics, LLC will suspend a contract and reinstate at a future date. Suspended contracts which have not been paid in full may be subject to an increase in price. Contract suspension requests must be submitted in writing and are at the sole discretion of management.
9. Any student sustaining an injury at any time while enrolled in a training program will be required to provide proof of medical clearance from a physician.
10. Please refer to the package policy agreement for training package specifics.

**Student Signature:** \_\_\_\_\_

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

**Parent/Guardian Signature:** \_\_\_\_\_

(If under age 18)

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

# REVOLUTION ATHLETICS

## ACKNOWLEDGMENT OF RISK, WAIVER OF LIABILITY, MEDIA RELEASE AND MEDICAL AUTHORIZATION

I \_\_\_\_\_, voluntarily consent to participation in any and all of Revolution Athletics, LLC programs and accept all risks associated with that participation. I fully understand the risks involved in a course of performance training. I acknowledge that these risks include, without limitation the possibility of bodily injury or death.

In consideration for use of Revolution Athletics, LLC training program, I on my own behalf and my respective heirs, administrators, executors, and successors, hereby forever release and covenant to indemnify and hold harmless any and all entities of Revolution Athletics, LLC, their officers, directors, employees and other individuals associated with their operations from all liability for any and all damages and injuries suffered by myself while under instruction, supervision, or control of Revolution Athletics, LLC.

I have noted on the registration form any or all medical history or medical problems of myself. I certify that I am in good health and suffer no physical impairment which may hinder my use of Revolution Athletics training programs and exercises. I hereby agree to individually provide for all possible future medical expenses which may be incurred by myself as a result of any injury sustained while participating at Revolution Athletics, LLC programs. I understand that Revolution Athletics, LLC do not provide any medical services or diagnosis of an athlete's physical condition.

I on behalf of myself do hereby consent and agree that Revolution Athletics, LLC, its employees or agents have the right to take photographs, videotape, or digital recordings of me and use these in any and all media, now or hereafter known. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to Revolution Athletics, LLC, its agents and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media is used. I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that Revolution Athletics, LLC is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I certify that I have read and understand the Acknowledgement of Risk, Waiver of Liability, Media Release, and Medical Authorization, and I voluntarily affix my name in agreement.

**Student Signature:** \_\_\_\_\_

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

**Parent/Guardian Signature:** \_\_\_\_\_

(If under age 18)

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