



Registration and Participation Form Sports Performance Training

Athlete

First: _____ Last: _____ Middle: _____
Date of Birth: _____ Graduation Year (HS): _____
Player Email: _____ Player Cell Phone #: _____
Address: _____ City: _____ State: _____ Zip: _____
School: _____ Club Team: _____ HS Graduation Year: _____
Sports/Positions/Years Played: _____/_____/_____
_____/_____/_____
_____/_____/_____

Parent 1

First: _____ Last: _____ Middle: _____
Occupation: _____ Employer: _____
Daytime Contact Phone #: _____ Parent Email: _____

Parent 2

First: _____ Last: _____ Middle: _____
Occupation: _____ Employer: _____
Daytime Contact Phone #: _____ Parent Email: _____

Informed Consent Form

"_____, have enrolled the child identified above in a program of strenuous physical activity including, but not limited to, aerobic conditioning, weight training, sports conditioning, and other forms of physical conditioning offered by **Titan Sports and Performance Center**. I hereby affirm that the child identified above is in good physical condition and does not suffer from any disability that would prevent or limit his/her participation in this exercise program."

"In consideration of our participation in **Titan Sports and Performance Center's** program offerings, I, _____, for myself, my heirs and assigns, hereby release **Titan Sports and Performance Center** (its employees and owners) from any claims, demands, and causes of action arising from our participation in the exercise program."

"I fully understand that the child identified above may injure himself/herself as a result of his/her participation in the **Titan Sports and Performance Center's** program and I, _____, hereby release **Titan Sports and Performance Center** from any liability now or in the future, including, but not limit to, heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/lower-back/foot injuries, and any other illness, soreness, or injury, however caused, by occurring during or after his/her participation in the exercise program."

Legal Guardian Name [Print]: _____ Participant Name [Print] _____
Legal Guardian [Signature]: _____