



## Information Request Form

### General Information

(Athlete/Participant)

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_  
Zip \_\_\_\_\_ (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_  
Email: \_\_\_\_\_

(Parent or Guardian)

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone Number (home): \_\_\_\_\_ (Work): \_\_\_\_\_  
(Cell): \_\_\_\_\_

Indicate School/Place of Employment: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

### Training/Sport History

Sport(s) currently competing: 1. \_\_\_\_\_ Position/Event? \_\_\_\_\_  
2. \_\_\_\_\_ Position/Event? \_\_\_\_\_

Sport(s) intending to compete: 1. \_\_\_\_\_ Position/Event? \_\_\_\_\_  
2. \_\_\_\_\_ Position/Event? \_\_\_\_\_

Indicate experience with strength and conditioning: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been coached in strength and conditioning: \_\_\_\_\_ If yes, indicate with whom and for how long: \_\_\_\_\_

Indicate any injuries you have sustained (strains, sprains, fractures, tears, etc.): \_\_\_\_\_  
\_\_\_\_\_

### Programming

List your top 3 training goals: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Indicate your intended training program (Note: you can discuss with your coach during the evaluation process.)

### Training Options

| <b>Adult Fitness</b> | <b>Personal Training</b> | <b>Young Adult (Ages 14+)</b> | <b>Youth (Ages 11-14)</b> |
|----------------------|--------------------------|-------------------------------|---------------------------|
| 1 Hour               | 1 Hour                   | 1.5 Hours                     | 1 Hour                    |
| 1.5 Hours            | 1.5 Hours                |                               |                           |

#### **Other**

Desired frequency of training: \_\_\_\_\_ 2 x/week \_\_\_\_\_ 3x/week \_\_\_\_\_ 4x/week

Desired program duration: \_\_\_\_\_ 8 weeks \_\_\_\_\_ 12 weeks

How did you hear about Performance Edge? \_\_\_\_\_

To maintain and update Performance Edge's website we occasionally take photos of our clientele and request your permission to use your or yours child's likeness on the website. If you agree to allow Performance Edge to place a photo of you or your child on the web site please initial the following:

\_\_\_\_\_ Initials



## *Coach/Athlete Agreement*

Achieving the goals you set out for yourself requires a partnership between you and the performance coach. We at Performance Edge can provide the direction for you, but you also must bring a number of things to the table. Outlined below is a signed agreement between you and the performance coach so that both have a mutual understanding of what is required for success.

I, *Dave Mikel*, agree to provide the highest level of coaching which entails teaching the safest and most effective mechanics of lifting, motivating you to put forth a supreme effort in all phases of your program, and constructing the most scientific yet practically applied training protocols. In any decision I make regarding the above, it is done so with the utmost regard for you as an athlete and a person. Performance Edge will do everything we can to support you through your journey of becoming a more physically prepared athlete owing to enhanced performance in your sport. We are care givers, not care takers! As a result, you must agree to the number of points below in order for our partnership to be of utmost success!

I, \_\_\_\_\_, on this day, \_\_\_\_\_, agree that in order for  
(Athlete's Signature) (Date)

myself to reach my goals I must do my best to adhere to the following:

- a) Have a great attitude towards my training.
- b) Put forth my best effort with regards to all phases of my program.
- c) Be responsible in arriving for my workouts on time.
- d) Be physically and mentally ready to perform at the start each workout.
- e) Be responsible enough to call Performance Edge ahead of time if I am going to be late or miss a scheduled workout.
- f) Take care of myself away from Performance Edge in terms of eating properly and allowing myself sufficient rest and recovery.
- g) Follow the provided rules of conduct while training at Performance Edge.

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the Coach/Athlete agreement.

***This agreement is an individual commitment to a group effort - that is what makes a team work, a company work, a society work, a civilization work. ~Vince Lombardi***



## **Medical History Form:**

Please fill out this form **COMPLETELY**. It is important for the provision of proper medical care. The section marked "Physician's Comments" need only be completed **if the participant has a major health problem**. When older participants are seen for minor illnesses or injuries, they are encouraged to inform their parents themselves. However, with younger participants, in most every instance, or with older participants with more serious problems, the physician will try to contact the parents to inform them of the problem and discuss the treatment. Occasionally, we are unable to reach parents immediately to inform them of a serious problem. The parent's signature on the medical treatment authorization allows us to go ahead with treatment in these circumstances. The local hospital or a member of our staff will continue to call until contact is made with the parent or guardian.

### **MEDICAL HISTORY** **(Please print)**

#### **I. PERSONAL INFORMATION**

Name: \_\_\_\_\_  
last first middle

Sex (Circle One):      Male      Female

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

#### **Home Address:**

Street: \_\_\_\_\_ Apt# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_  
(name of parent or next of kin) (relationship)

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

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

If unable to contact either of above, provide the name and phone of another responsible person.

Family Physician: \_\_\_\_\_ Address: \_\_\_\_\_

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



**II. PERSONAL HISTORY**

**Have you ever had any of the following:** (please check)

- |                |                                 |  |
|----------------|---------------------------------|--|
| Gout _____     | Glandular Fever _____           | Any Heart condition _____                |
| Stroke _____   | Heart Murmur _____              | Muscular Pain _____                      |
| Diabetes _____ | Dizziness or Fainting _____     | High Blood Pressure (over 140/90) _____  |
| Epilepsy _____ | Stomach/Duodenal Ulcer _____    | Palpitations or Pains in the Chest _____ |
| Hernia _____   | Liver or Kidney Condition _____ | Raised Cholesterol/Triglycerides _____   |
| Asthma _____   | Arthritis _____                 | Bleeding Disorder _____                  |

**Please list any of the following you have had and note the dates:**

Head injuries \_\_\_\_\_

Fractures (please be specific) \_\_\_\_\_

Muscular Strains/Ligament Sprains \_\_\_\_\_

Joint Pain \_\_\_\_\_

Surgery \_\_\_\_\_

Hospitalization \_\_\_\_\_

Please list any medications you are taking and include dose and frequency; or **other pertinent info of which we need to be made aware:**

\_\_\_\_\_

**III. PHYSICIAN'S COMMENTS (only if player has MAJOR health problem)**

Note to Physician: Please provide us with a brief history of this client's problem, any pertinent physical findings or laboratory values, and a description of therapy. Also, please list any ways in which we may help to care for this patient. Thank you.

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_

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



**IV. INSURANCE INFORMATION** Participant **must** be covered by a health insurance policy.

**Primary Insurance**

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

Company Address: \_\_\_\_\_

\_\_\_\_\_

Ins. Company phone: \_\_\_\_\_

Med. Ins. Policy Number: \_\_\_\_\_

Med. Ins. Group #: \_\_\_\_\_

Name of person insured: \_\_\_\_\_

DOB of insured: \_\_\_\_\_

Employer of insured: \_\_\_\_\_

**Dental Insurance**

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

Company Address: \_\_\_\_\_

\_\_\_\_\_

Ins. Company phone: \_\_\_\_\_

Dental Ins. Policy Number: \_\_\_\_\_

Dental Ins. Group #: \_\_\_\_\_

Name of person insured: \_\_\_\_\_

DOB of insured: \_\_\_\_\_

Employer of insured: \_\_\_\_\_



**V. MEDICAL TREATMENT AUTHORIZATION AND LIABILITY RELEASE**

I, the undersigned acknowledge that I \_\_\_\_\_, or the parent/guardian of \_\_\_\_\_, do hereby grant my permission (or permission for my son or daughter) to participate in a strength and conditioning program developed by Performance Edge. In the event of an injury or illness during these activities, my signature indicates that I agree to allow medical treatment for my son or daughter even if I cannot be contacted and authorize Performance Edge/or the local hospital to provide the needed medical treatment they deem necessary. I hereby release all staff members of Performance Edge, and the local hospital and their agents from any and all claims and liability arising in any way out of its exercise of this authority. I understand and agree that all bills for medical/dental care and treatment will be forwarded to me or my insurance company, and that it will be my responsibility to see that such bills are paid. I further acknowledge, understand, and agree that in participating in this activity there is a possibility of physical illness or injury. As a result, I (or my son or daughter) is assuming the risk of such injury by my (his/her) participation and release all staff members of Performance Edge and all affiliated with or participating in Performance Edge training from all claims, obligations or responsibility for personal property losses, accidents or injuries of any kind. I have been explained the nature of the training. I understand the inherent risks of the training process, and recognize that the program can be strenuous. I understand what training apparel is required to participate in the program.

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the Medical Treatment and Authorization and Liability Release.

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**Signature**  
**(Parent/Guardian signature if Athlete is under 18 years old)**

**Date**



## *Performance Edge* *Facility Policies and Code of Conduct*

The following policy and procedures are required in order for all patrons of this facility to obtain the goals set before them, have a great experience, and minimize any possible inherent risk that may arise with training in a high performance athletic facility.

1. Cubbies are available in the front lobby. Performance Edge will not be held responsible for lost or stolen valuables so please leave them at home.
2. Towels will not be provided. **Please bring a towel with you** to each and every training session.
3. Appropriate athletic apparel is required (i.e. tennis shoes, shorts, sweats, jogging pants, t-shirt, sweatshirt, etc...). All shoes must have non-marking soles. No sandals or open toed shoes!
4. Cell phones must be turned off or left at home. No personal music devices will be allowed for use during training sessions.
5. No athletic tape, food, gum, or drink (other than water) will be allowed in the training area. Other beverages/snacks are permitted, but need to remain in the reception area.
6. Please allow a 24- hour notice for any schedule change. Should you need to cancel an appointment within 24 hours due to an emergency, **please cancel your session on-line ASAP to open the spot for another athlete**. Then, either send an email ([admin@pedgeva.com](mailto:admin@pedgeva.com) – preferred method) or call the office at 571.252.5068. Should we not hear from you and you miss your session, then that session will be lost.
7. Please arrive 5 to 10 minutes early for each training session.
8. Missed training sessions can ***be made up within the week*** of the missed session. If you cannot make up the session within the week it will be added on to the end of the program (provided it is within the program expiration). Attendance is not optional and Performance Edge reserves the right to deny make up sessions. If your excuse is something just came up, then you will lose the session. ***Results are contingent upon your consistency and hard work!***
9. Performance Edge has the right to dismiss any client/athlete who consistently misses training sessions or is conducting him or herself in a manner that is detrimental to his/her training gains. Refunds are not available under these circumstances.
10. Under no circumstances will monetary (cash, credit card, or check) refunds be issued for missed training sessions. We will only issue credits for sessions missed due to extraneous circumstances. These credits can be only be used towards future training programs and are ***not transferable***.
11. Parental and/or client consent must be obtained for Pre & Post evaluations! Post evaluations **must** be conducted within **1 week** of the last training session of the program or they will be canceled altogether. In addition, if you miss a total of more than 2 weeks of training within an 8-week program or more than 3 weeks within a 12-week program for any reason, Performance Edge will ***not*** conduct a post-evaluation.



12. Payment for your training program must be made the day of the initial evaluation. Performance Edge will not evaluate or train any client/athlete that does not make payment at this time and will not conduct any evaluations or training until payment is made. If you choose to make monthly payments, you agree to pay the full training program balance [even if you elect to stop training before the payment(s) run].

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the Facility Policies and Code of Conduct.

**Participant Signature:** \_\_\_\_\_

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

**Parent/Guardian Signature:** \_\_\_\_\_  
(if Athlete is under 18 years old)

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

***Your Success is not guaranteed... it is earned!***





## Release and Consent

In consideration of being permitted to use the equipment and/or participate in any way in any activity at PERFORMANCE EDGE – Competitive Sports Training (the "Facility" or the "company"), I voluntarily agree as follows:

**1. Facility Use Policy:** (a) I acknowledge and agree to abide by the Facility's policy that anyone engaged in any kind of physical activity at the Facility must observe basic elements of common sense, courtesy and good judgment. (b) I agree to act responsibly while at the facility, and I acknowledge that my failure to abide by the Facility's codes, policies and guidelines entitles the company to suspend or revoke my Facility privileges. (c) I further agree that if at any time I believe conditions to be unsafe at the Facility, I will immediately remove myself from participation and inform the Facility's staff of the hazard.

**2. My Preparedness:** (a) I understand the nature of the services provided at the Facility and believe I am qualified to participate in them. (b) I am not aware of any physical limitation, disability, impairment, or ailment preventing me from engaging in any form of exercise that would be detrimental to my health or safety. (c) If I become aware of any such physical limitation, I will consult with my doctor prior to undergoing a fitness appraisal or participating in fitness training at the Facility, and will inform the Facility's staff of my doctor's report.

**3. Assumption of Risk:** (a) I fully understand that use of the Facility involves the risk and danger inherently involved in the use of any type of fitness equipment or participation in sports training activity, including but not limited to: the possibility of serious bodily injury, permanent disability, paralysis or even death and, including other risks and social and economic losses either not known to me or not readily foreseeable at this time ("Risks"). (b) I am aware that serious bodily injury to others or me may be caused by the actions, inaction or negligence of myself, others at the facility, the rules of play, or the condition of the premises or of any equipment used, and that while personal responsibility may reduce Risk, Risk does exist. (c) I fully accept and assume all such Risk and all responsibility for losses, costs, injuries and damages incurred as a result of my use of the Facility.

**4. Waiver, Release and Indemnity:** I, for myself and on behalf of my heirs, assigns, representatives and next of kin, hereby release, discharge, covenant not to sue and agree to indemnify and hold harmless the company and its members, administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of the Facility premises (each a "Releasee") from all liability, claims, injuries, demands, losses, or damages, including attorneys fees and litigation costs, incurred on my account arising from or relating to the negligence of the Releasee or otherwise, including negligent rescue operations.

**5. Emergency Consent:** I consent to emergency medical care and transportation in order to obtain treatment in the event of injury to me. This Consent and the Release in paragraph 4 above extends to any liability arising from or relating to medical treatment and transportation provided in the event of an emergency.

**I have read this Release and Consent, and understand that by signing below I have given up substantial rights. I sign it freely and without any inducement or assurance of any nature, and intend a complete and unconditional release of all liability to the greatest extent allowed by law, and agree that if any provision of this document is held to be invalid, that the balance, notwithstanding, shall continue in full force and effect.**

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Printed Name of Parent/Guardian

(If Athlete is under 18 years old)

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the Release and Consent.

\_\_\_\_\_  
Signature

(Parent/Guardian if Athlete is under 18 years old)

\_\_\_\_\_  
Date