



Client/Athlete Registration

Name: _____
First Middle Last

Address: _____
Street City State Zip

Email Address: _____

DOB: _____ Age: _____ Gender: _____ Height: _____ Weight: _____

Cell Phone: _____ Home Phone: _____

How did you hear about us: _____

If applicable, please fill out the sports information below:

School/Team: _____ Sport 1: _____

Sport 2: _____ Sport 3: _____

Position Played in above sports: _____

Medical History

Have you or any immediate family members had any of the following conditions:

	<u>Self</u>	<u>Family</u>
Asthma	()	()
Bronchitis	()	()
Emphysema	()	()
Hypertension	()	()
Hypotension	()	()
Angina	()	()
Heart Attack	()	()
Heart Murmur	()	()
Diabetes	()	()

Cancellation/No-Show Policy

If you need to cancel your scheduled appointment, please give Foothills Acceleration & Sports Training a 24-hour notice. This policy is needed due to the high demand for appointments. Any clients who do not give 24-hour notice will be charged for a visit.

Participant Signature/Parent or Legal Guardian if under 18

Date

Physical Activity Readiness Questionnaire (PAR-Q)

It is very important that you provide accurate and complete information about your medical background and current physical condition as the training protocols are based on such information. Please read this carefully and circle YES or NO next to the question if it applies to you. If yes, please explain in detail.

Yes No 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? Please explain.

Yes No 2. Do you feel pain in your chest when you do physical activity? Please explain.

Yes No 3. In the past month, have you had chest pain when you were not doing physical activity? Please explain.

Yes No 4. Do you often feel faint or have spells of severe dizziness that causes you to lose your balance? How often?

Yes No 5. Have you ever had difficulty breathing? Please explain.

Yes No 6. Has a doctor ever said you have high blood pressure? Are you currently taking medication for this?

Yes No 7. Are you currently taking any medications? Please specify.

Yes No 8. Has a doctor ever told you that you have a bone or joint problem(s), such as arthritis that might be made worse with exercise?

Yes No 9. Have you ever had any injuries that have limited your ability to participate in physical activity? If so, what?

Yes No 10. Please list any surgeries (include dates):

Yes No 11. Do you know any other reason why you should not participate in physical exercise not mentioned above?

Participant Signature/Parent or Legal Guardian if under 18

Date

Media Consent and Release

Your participation in the promotion of any Foothills Therapy Partners brands (Foothills Sports Medicine Physical Therapy, FAST and ProActive Physical Therapy) is an important part of our ability to communicate the value of our services to others in the community. In consideration of the foregoing, you are free to decide whether you agree to be recorded or photographed and give your consent for Foothills Therapy Partners to replay, distribute, or otherwise copy and use such photos or recordings.

By signing below, the undersign does hereby:

1. Consent to allow Foothills Therapy Partners, and its agents, representatives, and assignees to:
 - a. Record and photograph on any media my voice, image, and/or likeness ("recordings");
 - b. Use, re-use, display, distribute, transmit, publish, re-publish, copy, or otherwise exploit the recordings, either in whole or in part, either digitally, in print, or in any other medium now or hereafter known, for any purpose whatsoever and without restriction;
 - c. Alter the recordings without restriction;
 - d. Copyright the recordings in the Foothills Therapy Partners name. I understand that any recordings and other materials may be used in any media, including without limitation, on the Internet and may be displayed prominently and publicly for a long period of time or permanently. I intend for Foothills Therapy Partners to rely upon this consent and release. I understand that this is irrevocable and that I will receive no monetary compensation for my consent or the use of any recordings or other materials.
 - e. Release my name and details;

2. Release and discharge Foothills Therapy Partners, and its agents, representatives, and assignees from any and all claims, demands and other liabilities arising out of or in connection with the use of the recordings, including without limitation any and all claims for invasion of privacy, right of publicity, defamation or copyright. I hereby waive any right I may have to inspect or approve any use of the recordings.

I have read this consent and release and consent to allow Foothills Therapy Partners to create and use recordings of me according to the terms listed above.

Printed Name

Date

Signature

Date