



ATHLETE PERSONAL PROFILE

Date ___/___/2010

TEAM _____

EMAIL _____

FIRST NAME _____

HOME PHONE _____

LAST NAME _____

WORK PHONE _____

GENDER Male Female

CELL PHONE _____

ADDRESS _____

DATE OF BIRTH ___/___/___

CITY _____

AGE ___ GRADE/COLLEGE _____

STATE _____ ZIP _____

REFERRED BY _____

****Waiver MUST be initialed & signed by parent or guardian before any athlete can participate****

PRIMARY EMERGENCY CONTACT

SECONDARY EMERGENCY CONTACT

Name _____

Name _____

Relation _____

Relation _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

PREVIOUS INJURIES

	R	L	Date of Injury	Details
Foot	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Ankle	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Knee	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Hip	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
L. Back	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Up. Back	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Neck	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Shoulder	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Elbow	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Wrist	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

ACTIVE SPORTS (please circle all that apply)

- Baseball Basketball Field Hockey Figure Skating Football Golf Gymnastics
Hockey Lacrosse Soccer Softball Swimming Tennis Track & Field
Volleyball Wrestling Other: _____

PRIMARY COMPETITIVE SEASON(S): (please circle) FALL WINTER SPRING SUMMER

TEAMS YOU COMPETE FOR: (please list)

GOALS: (for example: strength, conditioning)

- _____
- _____
- _____
- _____

- _____
- _____
- _____
- _____

PLEASE TURN TO THE NEXT PAGE.....



ATHLETE PERSONAL PROFILE (continued)

MEDICAL CONDITIONS

Current Medications: _____

Asthma (circle one) Yes No If yes, exercise induced? Yes No

Allergies (food, medications, or other substances) _____

Any chronic or acute conditions you suffer from that we need to be aware of: _____

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has the doctor ever said you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you feel pain in your chest when you do physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. In the past month, have you had chest pain when you were not doing physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you lose your balance because of dizziness or do you ever lose consciousness? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have a bone or joint problem (for example, back, knee, hip) that could be made worse by a change in your physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you know of <u>any other reason</u> why you should not do physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Are you pregnant? Or have you given birth in the past 6 months? |

If you answered yes to any of the questions, please explain:

AGREEMENT & RELEASE OF LIABILITY

- In consideration of being allowed to participate in the sports performance of CATZ and to use its facilities, equipment and services, in addition to payment of any fee or charge, I do hereby forever waive, release and discharge CATZ and its officers, agents, employees, representative, executors, and all others acting on their behalf from any and all claims or liabilities for injuries or damage to my person and/or property, including those caused by the ordinary act or omission of any of those mentioned or others acting on their behalf, arising out of or connected with my participation in any activities, programs or services of CATZ, or other use of any equipment at various sites, including home, outdoor areas, provided by and/or recommended by CATZ. I understand that the terms of this release shall not apply to gross negligence, willful or wanton conduct or criminal activity. **(Please Initial _____)**
- I have been informed of, understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment, is potentially hazardous activity. I also have been informed of, understand and am aware that fitness and sports performance activities involve a risk of injury, including a remote risk of stroke, heart attack, death or serious disability, and that I am voluntarily participating in these activities and using equipment and machinery with full knowledge, understanding and appreciation of the dangers involve. I hereby agree to expressly assume and accept any and all risks of injury or death. **(Please Initial _____)**
- I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation or use of equipment or machinery. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in the exercise activities, program and use of exercise equipment. I also acknowledge that I have either had a physical examination and have been given my physician's permission to participate or that I have decided to participate in the exercise activities, programs, and use of equipment without the approval of my physician and do hereby assume all responsibility for my participation in said activities, program and use of equipment. **(Please Initial _____)**
- I understand that CATZ provision of this agreement and maintenance of a sports performance program for me does not constitute and acknowledgment, representation or indication of my physiologically well being or a medical opinion relating thereto. **(Please Initial _____)**
- In the event that nay provisions of this agreement should be deemed to be invalid then in the event, the remaining terms hereof shall continue to be valid and enforceable between the parties hereto. **(Please Initial _____)**

Parent/Guardian Signature _____

Date _____

Athlete's Signature _____

Date _____