



**CAROLINA  
ATHLETIC DEVELOPMENT**  
**REGISTRATION FORM**  
(Please Print)

Today's Date:     /     /	For office use:     Start Date:     /     /	End Date:     /     /			
<b>CLIENT INFORMATION</b>					
Client's Name: (Last)	(First)	(Middle)	Birth Date:	Age:	Sex:
			/     /		<input type="checkbox"/> M <input type="checkbox"/> F
Street Address:		E-mail:		Primary Phone:	
				(     )	
P.O. Box:	City:		State:		ZIP Code:
Occupation:	Employer / Educational Institution:			Secondary Phone:	
				(     )	

<b>TRAINING INFORMATION</b>							
How did you hear about us?	<input type="checkbox"/> Family		<input type="checkbox"/> Friend	<input type="checkbox"/> Coach	<input type="checkbox"/> Staff Member	<input type="checkbox"/> Other	
Have you trained anywhere else?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, where?				
Do you have any health conditions or medical history that would prevent you from participating in performance training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, what?				
Do you take any medications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, what?				
Do you have any injuries?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, what?				
Do you plan on competing at the collegiate level?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, what sport/s?				
Do you have any weight lifting experience?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If so, what type?				
What are your goals?							
Please indicate what sports you are training for (check all that apply)							
<input type="checkbox"/> Baseball	<input type="checkbox"/> Basketball	<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Cross Country	<input type="checkbox"/> Football	<input type="checkbox"/> Golf	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Lacrosse
<input type="checkbox"/> Soccer	<input type="checkbox"/> Softball	<input type="checkbox"/> Swimming	<input type="checkbox"/> Tennis	<input type="checkbox"/> Track & Field	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Wrestling	<input type="checkbox"/> Other
Please indicate your commitment level to CAD.		<input type="checkbox"/> single sessions	<input type="checkbox"/> 10 Pack	<input type="checkbox"/> 3 months	<input type="checkbox"/> 6 months	<input type="checkbox"/> 12 months	

<b>IN CASE OF EMERGENCY</b>			
Name of parent/relative or friend:	Relationship to client:	Primary Phone:	Secondary Phone:
		(     )	(     )
The above information is true to the best of my knowledge. I understand that I am financially responsible for any balance.			
_____		_____	
<i>Client/Guardian signature</i>		<i>Date</i>	

<b>PERMISSION REQUEST</b>	
I give Carolina Athletic Development permission to use my training information (videos/photos/testing statistics/testimonials) for marketing purposes.	
_____	
<i>Client/Guardian signature</i>	<i>Date</i>



**CAROLINA  
ATHLETIC DEVELOPMENT  
HEALTH & MEDICAL RELEASE FORM**

(Please Print)

**RELEASE OF LIABILITY PART 1**

In consideration of being allowed to participate in the programs of Carolina Physical Therapy Specialists, Inc. (CPTS) and to use its facilities, equipment, and machinery, I do hereby waive, release and forever discharge CPTS and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above-mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of the CPTS or the use of any equipment at CPTS or Triangle Fitness.

\_\_\_\_\_  
*Client/Guardian signature*

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

**RELEASE OF LIABILITY PART 2**

I understand and am aware that strength, flexibility, and speed, agility and quickness exercise, including the use of equipment, is a potential strenuous activity. I also understand that fitness activities involve a risk of injury and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of this possibility. I hereby agree to expressly assume and accept any and all risks of injury or death. I understand that my participation in and use of these activities, machines and equipment is contingent upon my ability to independently, safely and correctly perform prescribed exercises as reviewed by a CPTS professional. I understand and accept that it is my responsibility to inform the CPTS staff of significant changes in my health & medical condition as it relates to exercise. I acknowledge and agree that in the event my health and/or medical condition changes, and in any way prevents me from performing prescribed exercises safely and correctly, at that time, my exercise program may be limited, restricted or eliminated completely at the evaluation and judgment of a CPTS professional.

\_\_\_\_\_  
*Client/Guardian signature*

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

**RELEASE OF LIABILITY PART 3**

I acknowledge that it has been recommended that I have a yearly and more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given a physician's permission to participate, or that I have decided to participate in activity and/or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

\_\_\_\_\_  
*Client/Guardian signature*

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

**RELEASE OF LIABILITY PART 4**

I hereby acknowledge that any damages to the property and/or equipment of CPTS and/or Triangle Fitness may result in a financial obligation to repair or replace above mentioned property and/or equipment. I also acknowledge that I may be asked to leave and/or lose all future training privileges if I fail to follow the instructions provided by the CPTS professional. I understand if I am removed from the training session and/or the program I will not receive a refund and will be held financially responsible for any damages as mentioned above.

\_\_\_\_\_  
*Client/Guardian signature*

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