

ATHLETE INFORMATION

Athlete's Name: _____ Twitter ID _____
 D.O.B: _____ Age: _____
 Gender: _____ Athlete's Phone: _____
 Home Address: _____

 Home Phone: _____ Email: _____
 Mother Name: _____ Mother's Phone _____
 Father's Name: _____ Father's Phone: _____
 School: _____ Grade: _____
 #1 Sport / Team / Position: _____
 #2 Sport / Team / Position: _____

How did you hear about Athletic Republic? (please check all that apply)

<input type="checkbox"/> Friend / Teammate _____ (name)	<input type="checkbox"/> Internet	<input type="checkbox"/> Facebook
<input type="checkbox"/> Coach _____ (name)	<input type="checkbox"/> Email	<input type="checkbox"/> Twitter
<input type="checkbox"/> Event _____ (name)	<input type="checkbox"/> Radio / TV	<input type="checkbox"/> Print Ad

MEDICAL INFORMATION

	YES	NO	Please explain (list) any item marked 'YES'
Do you experience headaches (requiring treatment)?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever had a concussion (if yes, how long ago)?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you had a baseline concussion screen (if yes, which one)?	<input type="checkbox"/>	<input type="checkbox"/>	
Has it been over 12 months since your last eye exam?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you wear corrective lenses or glasses?	<input type="checkbox"/>	<input type="checkbox"/>	
Ever had a knee injury or experience knee swelling/giving out?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you been treated or diagnosed with cancer?	<input type="checkbox"/>	<input type="checkbox"/>	
Any skin disorders that are contagious or may affect training?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever been diagnosed with an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any allergies?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you take any prescription medications that affect your ability to exercise?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you take supplements?	<input type="checkbox"/>	<input type="checkbox"/>	

If there is any additional information we should know about, please provide an explanation below:

If you take any prescription medicines, please list them below:

ATHLETE SIGNATURE: _____ DATE: _____
 PARENT SIGNATURE (IF ATHLETE IS UNDER 18): _____ DATE: _____



PROGRAM ACKNOWLEDGEMENT AND RELEASE -- IMPORTANT

I _____ (participant) and _____ (parent/guardian if participant is under age 18) in consideration for my participation in the Athletic Republic – The Woodlands (the “Program”) offered by Athletic Republic – The Woodlands do hereby agree to the following:

Program

I understand and agree that:

1. The fee for the Program in which I am participating is \$ _____.
2. Payment in full is required prior to the commencement of the first session of the Program or Monthly via Electronic Funds Transfer (EFT) for the purchase of a Membership Program. I understand no cash refunds will be given if I fail to complete the Program.
3. If a Program session is cancelled 1-30 days prior to start date, a \$100 reservation and administration fee will be retained by Athletic Republic – The Woodlands.
4. Under Athletic Republic – The Woodlands NO-SHOW policy, if I do not attend or I am more than ten (10) minutes late for a scheduled appointment, Athletic Republic – The Woodlands has the option to charge me for the session as if I had participated in and completed it.
5. Any sessions remaining on the Program after ten (10) weeks from the date of commencement will be forfeited unless alternative arrangements have been made with Athletic Republic – The Woodlands in advance, and cancellation of any scheduled session(s) must be made with at least 24 hour notice. Failure to do so will result in a forfeiture of that/those sessions.
6. Athletic Republic – The Woodlands and its employees or agents have not provided me with any warranties or representations that participation in the Program will improve or enhance my performance or physical condition.
7. Information provided to me by Athletic Republic – The Woodlands and its employees or agents should not be construed as medical diagnosis or advice, the Program does not provide medical diagnosis, and the Program is not meant to replace the customary physician/patient relationship.
8. Athletic Republic – The Woodlands may collect and obtain data as a result of my participation in the Program and use such information in reports or publications. My identity may be used in advertisements for Athletic Republic – The Woodlands including but not limited to DVDs, videos, brochures, posters, and website Programs, provided they do not violate any of by rights or responsibilities as defined by the NCAA.
9. Athletic Republic – The Woodlands may use and share data it collects and creates as a result of my participation in the Program: (i) with contractors/vendors it uses to support its business as necessary to administer the Program, (ii) with Acceleration Products, Inc. and its affiliates, (iii) in connection with the sale, assignment, or other transfer of the business to which the information relates, or (iv) when applicable laws, court orders or government regulations require Athletic Republic – The Woodlands to do so.

Waiver and Release

I acknowledge and agree that:

By signing this document, I declare that I have no known medical problems that would preclude my participation in the Program and the information provided to Athletic Republic – The Woodlands regarding my medical history and physical condition is, to the best of my knowledge, true and correct. My participation in the Athletic Republic – The Woodlands Program is voluntary and I assume all risk of injury or contraction of any illness or medical condition that may result, or the aggravation of any pre-existing medical condition I may have, or any damage, loss or theft of any personal property resulting or arising out of my participation in the Program. I understand and acknowledge that Athletic Republic – The Woodlands has no expertise in diagnosing, examining, or treating any medical condition, whether existing or incurred as a result of my participation in the Athletic Republic – The Woodlands Program. I understand and acknowledge that Athletic Republic – The Woodlands has made no guarantee of success or improvement as a result of my participation in the Program.

I hereby, on behalf of myself, personal representatives, heirs, executors, administrators, agents and assigns, forever release and discharge Athletic Republic – The Woodlands, and its affiliates / and their respective affiliates, employees, agents, representatives, successors, and assigns from any and all claims or causes of action (known or unknown) that I may now have or will have in the future arising out of or related to my enrolment in the Program or the services provided to me. This waiver and release of liability includes, but is not limited to, injuries that result from (a) use of any exercise equipment or facilities provided by Athletic Republic – The Woodlands, (b) use of any exercise equipment or facilities which may malfunction, and (c) any injuries which occur because of slipping and falling while on Athletic Republic – The Woodlands premises or equipment. **I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A COMPLETE RELEASE OF LIABILITY, THAT I HEREBY WAIVE ANY RIGHT THAT I MAY NOW HAVE OR WILL HAVE TO BRING ANY LEGAL ACTION AGAINST ATHLETIC REPUBLIC – THE WOODLANDS, ITS EMPLOYEES, AGENTS, SUCCESSORS OR ASSIGNS, FOR ANY LIABILITIES THAT MAY RESULT, WHETHER DIRECTLY OR INDIRECTLY, FROM ATHLETIC REPUBLIC – THE WOODLANDS NEGLIGENCE.**

Miscellaneous

The provisions in this document are severable and if any provision is determined to be illegal or unenforceable, the remaining provisions and any partially enforceable provisions shall nevertheless be enforceable unless otherwise prohibited by the laws of the state of Louisiana. Athletic Republic – The Woodlands failure to enforce any remedy or provision of this document shall not be construed as a waiver of such remedy or provision.

Cancellation Policy

- a) If Program is cancelled more than 30 days prior to start date, a full refund will be issued.
- b) If Program is cancelled 1-30 days prior to start date, a \$100 reservation and administration fee will be retained by Athletic Republic – The Woodlands
- c) There is no refund once the Program has started unless an injury or a medical doctor excused illness.
- d) **Cancellation of sessions during the Program must be made with at least 24 hours notification. Failure to do so will result in a forfeiture of those sessions.**

NOTE: If Full payment is not collected on the Evaluation day, the remaining balance is due on the third week of training. If you are unable to pay by that time, please let us know or a \$50 charge per day will be added to the remaining balance. Monthly memberships are due on the pre-established monthly payment date.

ATHLETE SIGNATURE: _____

DATE: _____

PARENT SIGNATURE (IF ATHLETE IS UNDER 18): _____

DATE: _____

ATHLETIC REPUBLIC

Physical Activity Readiness Questionnaire (PAR-Q)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some should check with their physician before they start becoming much more physically active. If you are planning to become much more physically active than you are now, start by answering the seven questions below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly. Check YES or NO.

Please mark YES or NO to the following:

	YES	NO	Please explain (list) any item marked 'YES'
Has your doctor ever said that you have a heart condition and recommended only medically supervised physical activity?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you frequently have pains in your chest when you perform physical activity?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you had chest pain when you were not doing physical activity?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you had a stroke?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you lose your balance due to dizziness or do you ever lose consciousness?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have a bone, joint or any other health problem that causes you pain or limitations that must be addressed when developing an exercise program (i.e. diabetes, osteoporosis, high blood pressure, high cholesterol, arthritis, anorexia, bulimia, anemia, epilepsy, respiratory ailments, back problems, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you pregnant now or have given birth within the last 6 months?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have asthma or exercise induced asthma?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have low blood sugar levels (hypoglycemia)?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you had a recent surgery?	<input type="checkbox"/>	<input type="checkbox"/>	

If you answered YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness assessment. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want – as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

DELAY BECOMING MUCH MORE ACTIVE:

- If you are not feeling well because of a temporary illness such as a cold or fever – wait until you feel better; or
- If you are or may be pregnant – talk to your doctor before you start becoming more active.

Please note: If your health changes such that you could then answer YES to any of the above questions, tell your trainer/coach. Ask whether you should change your physical activity plan.

If you answered NO to all the questions:

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- Start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness assessment – this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

ATHLETE SIGNATURE: _____

DATE: _____

PARENT SIGNATURE (IF ATHLETE IS UNDER 18): _____

DATE: _____