



Athlete Information Form

Athlete's Last Name: _____		Athlete's First Name: _____		M.I.: _____	
D.O.B.: ____ / ____ / ____		Gender: M F		Grade: _____	
_____ <i>(Street Address)</i>		Age: _____		First Contact: _____	
_____ <i>(City)</i>		_____ <i>(State)</i>		_____ <i>(Zip Code)</i>	
Athlete's Email: _____		Athlete's Cell: _____		School/Organization: _____	
Relationship: _____		Cell Number: _____		Email: _____	
Second Contact: _____		Relationship: _____		Cell Number: _____	
Relationship: _____		Cell Number: _____		Email: _____	

Sport(s)	
1. _____ <i>(Sport Name)</i>	_____ <i>(Position)</i>
2. _____	

How did you hear about us? <i>(Please check all that apply)</i>	
1. Event <input type="checkbox"/>	4. Social Media/Internet <input type="checkbox"/>
2. Website <input type="checkbox"/>	5. Referral: _____
3. E-mail <input type="checkbox"/>	6. Other: _____

MEDICAL INFORMATION			With Explanation		
	YES	NO		YES	NO
Headaches Requiring Treatment			Seizure		
Heart			<i>Explain:</i>		
Breathing (i.e. asthma)			Spine Injury		
Dizzy Spells/Fainting			<i>Explain:</i>		
Black Outs			Current Medications		
Eyes (except glasses)			<i>Explain:</i>		
Hearing or Ears			Supplements		
Arthritis			<i>Explain:</i>		
Knees (i.e. injury, giving out, swelling)			Bladder		
Spine (Back or Neck)			<i>Explain:</i>		
Broken Bones			If you have any further information we should be aware of, please explain (e.g. allergies, medications, injuries, etc.):		
Kidneys					
Bladder					
Diabetes					
High Blood Pressure					
Cancer					
Operations or Surgery					
Skin Disorders					
Other Major Injuries					
Drug Allergies					
Eating Disorder					
Allergies					

Parent/Guardian Signature (if under 18): _____	Date: ____ / ____ / ____
Athlete Signature (if over 18): _____	Date: ____ / ____ / ____
If signing electronically, type your full name to agree that you have provided accurate, up-to-date information on this BlueStreak Sports Training Athlete Information Form	

*****IMPORTANT – PLEASE READ CAREFULLY*****
BLUESTREAK SPORTS TRAINING
PROGRAM ACKNOWLEDGEMENT AND RELEASE

I _____ (participant) and _____ (parent/guardian if participant is under age 18) in consideration for my participation in the BlueStreak Sports Training Program(s) (“the program”) offered by BlueStreak Sports Training, LLC, 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 and no cash refunds will be given in my failure to complete the program.
3. If program session is cancelled 30 days prior to start date, a \$100 reservation (or 10% fee of program which ever is greater) and administration fee will be retained by BlueStreak.
4. Under BlueStreak’s NO-SHOW policy, if I do not attend or I am more than ten (10) minutes late for a scheduled appointment, BlueStreak 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 eight (8) weeks from the date of commencement will be forfeited unless alternative arrangements have been made with BlueStreak Sports Training in advance, and cancellation of any scheduled session(s) must be made with at least 24 hours notice. Failure to do so will result in a forfeiture of that/those sessions.
6. BlueStreak 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. BlueStreak 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 BlueStreak including but not limited to DVDs, videos, brochures, posters, and website programs.

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 BlueStreak regarding my medical history and physical condition is, to the best of my knowledge, true and correct. My participation in the BlueStreak combine 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 BlueStreak has no expertise in diagnosing, examining, or treating any medical condition, whether existing or incurred as a result of my participation in the BlueStreak program. I understand and acknowledge that BlueStreak has made no guaranty 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 BlueStreak, its 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 as a result of BlueStreak’s negligence. 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 BlueStreak, (b) use of any exercise equipment or facilities which may malfunction, (c) BlueStreak’s improper maintenance of any exercise equipment or facilities, (d) any negligent instruction or supervision provided by BlueStreak, and (e) any injuries which occur because of slipping and falling while on BlueStreak 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 BLUESTREAK, ITS EMPLOYEES, AGENTS, SUCCESSORS OR ASSIGNS, FOR ANY LIABILITIES THAT MAY RESULT, WHETHER DIRECTLY OR INDIRECTLY, FROM BlueStreak 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 Connecticut. BlueStreak’s 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 30 days or more days prior to start date, a \$100 reservation (or 10% fee of program which ever is greater) and administration fee will be retained by BlueStreak
- b) There is No Cash Refund if the program is not cancelled 30 days in advance unless an injury or a medical doctor excused illness.
- c) **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 your child’s 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.**

By signing below, I acknowledge that I have carefully read and fully understand this acknowledgment and release.

If you are not present and wish to pay by credit card, please complete this section.

Name on Card: _____ Card Number: _____ Visa
Billing Address: _____ Security Code: _____ American Express
City: _____ State: _____ Zip: _____ Expiration Date: _____ MasterCard

Cardholder Signature: _____
If signing electronically, type your full name to authorize charge to this credit card.

Parent/Guardian Signature (if under 18): _____ Date: ____/____/____
Athlete Signature (if over 18): _____ Date: ____/____/____

If signing electronically, type your full name to acknowledge and agree to the BlueStreak Sports Training Program Acknowledgement and Release.

[**CLICK HERE TO SUBMIT THIS FORM**](#)