



Athlete Information

Please fill out the following information clearly and accurately. This information will be used for our contact information, database, and mailing list.

Name: _____

Parent Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Daytime Phone: _____

Cell Phone: _____ E-Mail Address: _____

School: _____

Sports:(please list all sports/positions/events and circle their primary sport)

Names of Coaches (Please list as many as possible): _____

Athletic Goals: (be as specific as possible) _____

How did you find out about Show-Me Acceleration: (If a person please state their name.)

What other activities are you involved in at the moment? _____



Health History

Athlete's Name: _____ **Date of Birth:** _____ **Age:** _____

Please Answer All Questions as Clearly and Accurately as Possible

1. Have you or an immediate family member ever experienced or been diagnosed by a physician with any of the following:

Condition	Self		Immediate family (parents, siblings, or grandparents)	
	Yes	No	Yes	No
Asthma/Dyspnea				
Other Breathing Problems				
Irregular Heart Beats (Heart Murmur/Arrhythmia)				
High or Low Blood Pressure (Hypertension/Hypotension)				
Heart Attack/Angina/Sudden Cardiac Death Before the age of 50				
Aneurism				
Diabetes (Type I or II)				
Blackouts				
Dizziness/Fainting				
Thrombosis				
Hearing/Ear Problems				
Vertigo				
Abdominal Pain				
Surgery				
Broken Bones				
Back Pain				
Neck Pain				
Joint Pain/Swelling				
Numbness/Tingling in arms, hands, legs, or feet				
Skin Disorder/Irritation				
Other Major Illness/Injury that required seeing a physician				

2. Has the participating athlete ever had any problems with the following muscle, tendon, bone, or joint area:

Area	Yes	No
Shoulder		
Upper Arm		
Elbow		
Forearm		
Wrist		
Hand		
Fingers		
Hip		
Thigh		
Knee		
Shin		
Calf		
Ankle		
Foot		

If you answered yes to any of questions 1 and 2, please explain in as much detail as possible:

3. Are you currently under the care of a physician? Yes No If yes please explain, _____

4. Are you currently taking any medications on a regular basis? Yes No If yes please list the medications and dosages:

5. Are you currently taking any supplements? Yes No If yes please list _____

6. Are you currently involved in an exercise program at school, with a team, or through another organization? Yes No If yes please explain, _____

Show-Me Acceleration reserves the right to withhold an athlete from participation until they have a written release form from a licensed medical professional.

By signing below I acknowledge that the information provided by me regarding my medical history and physical condition, to the best of my knowledge, is true and correct.

Signature of Participant

Date

Signature of Parent/Legal Guardian if under 18

Date



Informed Consent

Please read the following information regarding our evaluation of athletes, program design, and equipment.

1. My participation in Show-Me Acceleration is voluntary and I may withdraw from the program at anytime.
2. Performance evaluations are performed by trained Show-Me Acceleration staff members only.
3. I understand that this program should not result in physical injury to me. However, I acknowledge the following:

In the event of physical injury resulting from the evaluation procedures, Show-Me Acceleration program activities, or equipment usage, Nevada Regional Medical Center will provide no medical treatment or monetary compensation to me if I become injured. I agree that I must look to and use my own health insurance policies. I hereby release Nevada Regional Medical Center, Show-Me Acceleration, and all it's employees, officers, directors, coordinators, and all affiliates from any damage arising from any personal injuries including death that I may sustain while participating in the evaluation and/or Show-Me Acceleration program.

4. This informed consent shall be binding on my heirs, executors, administrators, and assigns.

Signature of Participant

Date

I, _____, acknowledge that the participant is
(Name of Parent/Legal Guardian)
under the age of 18. I have reviewed the information provided and certify it to be true
and correct. I consent to _____ participating in the
(Name of Participant)
Show-Me Acceleration program.

Signature of Parent/Legal Guardian if under 18

Date



Release Form

I, _____ hereby consent to and permit the staff of Show-Me Acceleration and Nevada Regional Medical Center to use any data gathered in reports and/or publications. I understand that if my information is used for training or promotional purposes, this includes my picture, video image or voice, I will not receive any compensation other than the benefits of participating in the evaluation and program. I also give consent that updates on my progress/improvement can be given to any coaches, current or potential, in written or verbal form. This release form shall be binding on my heirs, executors, administrators, and assigns.

Signature of Participant

Date



Policies/General Rules

Please read and return the signed signature page to Show-Me Acceleration. Please keep the policies and general rules pages for your reference.

Program Payment:

1. Payment for Show-Me Acceleration programs must be paid in full by the last training session. A first payment must be made at the first session. If the athlete stops training before the scheduled last session a bill will be mailed for the remaining balance of account.
2. Athletes who are participating as a team must pay the minimum amount before the last session. If the team does not have ten athletes started by the end of the specified training season a bill will be mailed for the remainder of the balance due.
3. The Show-Me Acceleration programs are designed to be complete in 6-8 weeks in order to achieve maximal results. **If you stop your training sessions, your balance will be held on account for a total of 30 days after your last session.** If after 30 days of the last recorded training session, the remaining training sessions have not resumed the remainder of your account will be **forfeited**. (This always applies unless specified by Show-Me Acceleration management).
4. If an athlete completes 50% or more of a training session, that session will be counted as a completed session.

Refunds:

1. If at anytime an athlete is unable to complete a Show-Me Acceleration training programs due to an injury sustained during a Show-Me Acceleration training session or in the Show-Me Acceleration facility, a prorated balance of the individual's fee will be granted. However, Show-Me Acceleration reserves the right to grant a prorated refund or hold a "maintained on account" balance that will be held until the individual is able to complete the remaining portion of their Acceleration training. If they are unable to resume training within 2-3 weeks the balance may be applied towards the starting a new program.
2. If any athlete sustains an injury outside of Show-Me Acceleration that will hinder the current training or completion of their Acceleration training, **Show-Me Acceleration must be notified within 48 hours.** Show-Me Acceleration reserves the right to require documentation from a physician stating the severity of the injury and that the athlete will be unable to complete their training. Show-Me Acceleration reserves the right to grant a prorated refund to that individual or hold a "maintain on account" balance. If they are unable to resume training within 2-3 weeks the balance may be applied towards the starting of a new program.

Scheduled Appointments:

1. Athletes or their parents/guardians are required to call Show-Me Acceleration if the athlete is unable to be at their scheduled appointment. If an athlete cancels more than three training session Show-Me Acceleration reserves the right to review an athlete's schedule to determine if continued training is possible, no refund will be given.
2. If an athlete or their parent/guardian does not inform Show-Me Acceleration that they are going to miss a training session, Show-Me Acceleration reserves the right to not rescheduled missed session. If athlete misses 3 or more sessions without notifying Show-Me Acceleration reserves the right to review an athlete's schedule to determine if continued training is possible, no refund will be given.



Rules

1. Athletes should arrive at least 15 minutes before their scheduled training time. This allows for a proper warm-up to prepare them for their session.
2. Proper work-out attire must be worn at all times. T-shirts (no cut off sleeves) , short (not above mid-thigh), sweatpants/wind pants, proper footwear (no flip-flops, or sandals). Shoes are to be tied at all times.
3. **NO HORSE PLAY!!!** There are many pieces of equipment that are dangerous to athletes if not used correctly and expensive to fix/replace. **All equipment should be used under the supervision of a Show-Me Acceleration Trainer.**
4. Clean-up after yourselves. Put used towels and cups in proper disposal bins (the areas are marked).
5. No one should be in the office area without permission. Please respect the privacy of other clients.
6. If athletes are using the patented cord technology, they should bring in their own equipment to use. This includes: gloves, mitts, and any other equipment not available at the Show-Me Acceleration facility. This allows the athlete to train with the equipment they will play with.
7. Balls should only be thrown/hit towards the net, unless supervised by a Show-Me Acceleration Trainer.
8. Parents/Coaches are welcome to watch all training sessions. They should be aware that this is a sports performance facility; there is the possibility of uncontrollable projectiles. Individuals observing in the training area assume the risk of possible injury. Younger siblings/children are welcome to wait in the waiting area, as long as a parent/guardian is in the facility.



Signature Page

By signing below I confirm that I have read and agree to the general rules and policies set forth by Show-Me Acceleration and Nevada Regional Medical Center. By signing below I confirm that all information provided by me is true and accurate to the best of my knowledge.

Signature of Participant

Date

**Signature of Parent/Legal Guardian
(If participant is under the age of 18)**

Date