



## TEAM TRAINING REGISTRATION

Today's Date: \_\_\_\_\_

PLEASE FAX THIS FORM TO 301-622-1961

**THIS FORM MUST BE COMPLETED BY THE COACH/TEAM MANAGER OR PARENT RESPONSIBLE FOR ORGANIZING THE TRAINING**

**\*\*\*PAYMENT IS DUE 3 DAYS PRIOR TO THE SESSION**

**\*\*THE REMAINING FORMS MUST BE COMPLETED BY EACH ATHLETE/PARENT**

### TEAM INFORMATION

Contact Name \_\_\_\_\_  
Last First Middle Initial

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Sport \_\_\_\_\_

Team Name \_\_\_\_\_ League \_\_\_\_\_

### BILLING PARTY INFORMATION

Name \_\_\_\_\_  
Last First Middle Initial

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Email \_\_\_\_\_

**TRAINING DATE(S):** \_\_\_\_\_

### PAYMENT:

Cash \_\_\_\_\_ Check #: \_\_\_\_\_ Credit Card: Visa Mastercard

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ V code \_\_\_\_\_

Name on Card \_\_\_\_\_



## Emergency Contact Information

Athlete Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Grade or College Year \_\_\_\_\_

School \_\_\_\_\_ Sports Played \_\_\_\_\_

In the event of a medical emergency, the following people and emergency medical personnel should be contacted:

**Contact 1:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

**Contact 2:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

**Doctor:** \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Choice: \_\_\_\_\_

Medical/Health History: \_\_\_\_\_

\_\_\_\_\_

Medication Taken: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

*In the event of an emergency where I (or my spouse) cannot be contacted, I authorize Capital Sports Injury Center and You Can Be Fit, Inc to secure whatever medical care is necessary for the safety and well being of my child. I will assume all costs incurred for emergency care.*

\_\_\_\_\_  
Signature of Parent/Guardian



## TRAINING RELEASE FORM

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**To register your child for training, you are required to complete this release form.**

Training Dates: \_\_\_\_\_

For and in consideration of my child, \_\_\_\_\_ (my child), being accepted into the TRAINING PROGRAM (TRAINING), as legal guardian of my child, I state and promise as follows.

My child is mentally and physically capable of participating in TRAINING. I understand that any evaluation or assessment of my child's physical fitness and any recommendation of activities made by anyone at TRAINING shall not be a substitute for obtaining such evaluation, assessment or recommendation from my child's physician before participating in any of TRAINING activities.

My child's participation is voluntary and I voluntarily permit my child to participate.

I understand that participation in TRAINING is an inherently dangerous activity and that the risk of participation include, but are not limited to, falls, collisions, cuts, and broken bones. I hereby, for myself, my child, our heirs, administrators, executors, personal representatives and assigns, forever waive, release and discharge any and all rights and claims for damages and losses, whether monetary or otherwise compensatory, that I or my child may have against: (i) Capital Sports Injury Center and You Can Be Fit, Inc. and its directors; (ii) executive directors, owners, managers, officers, employees, members, representatives, and agents; (iii) all coaches, participants, organizers, supervisors, planners, and volunteers; and (iv) all city county and state governments for any and all injuries sustained by me or my child arising out of association with, entry in, or participation in TRAINING and any TRAINING activities. I understand and agree that medical or other services rendered to my child by or at the insistence of any of the above parties are not an admission of liability to provide or continue to provide any such services and is not a waiver by any said parties of any hereunder. I also acknowledge that should my child require transport to a medical facility, I must pay for such transportation and any treatment period. I further agree now and forever to hold the above named and unnamed parties harmless and indemnify them for all claims, damages, judgments and costs of whatever nature and form. Capital Sports Injury Center and You Can Be Fit, Inc. recommends that your child be examined by his/her physician before participating in TRAINING. If my child has a history of heart disease, he/she will consult a physician prior to participating in TRAINING.

\_\_\_\_\_  
Athlete's Name

\_\_\_\_\_  
Athlete's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature



## **BEHAVIOR AND REGULATION GUIDELINES**

Capital Sports Injury Center and You Can Be Fit, Inc. is a professional business that offers intensive physical services for student and adult athletes. We want everyone to accomplish the objectives and have a safe and wonderful experience at the training facility. In order to achieve these goals we ask that you observe the following Capital Sports Injury Center and You Can Be Fit, Inc. rules and participate with respectful behavior.

- Always respect others and their possessions.
- Only enrolled athletes are allowed in the training area.
- Leave the running and playing for the training area.
- Check before you leave for any items left behind.
- Only Capital Sports Injury Center and You Can Be Fit, Inc. approved drinks or food in the center. NO chewing gum or hard candy in the training area.
- Using abusive, harassing, profane or obscene language or racial epithets directed to anyone is prohibited.
- Theft, destruction or damage of personal property or facility is prohibited.
- Using or possessing alcoholic beverages or any drugs or illegal substances is prohibited.
- Athletes are expected to follow all safety and security guidelines.

### **Athletic Attire Suggestions**

- Student/Adult Athletes
- Shorts
- Shorts over spandex pants (recommended for girls/women)
- T-shirts
- Jacket, sweat shirt
- Warm-up Clothing
- Athletic shoes (cross trainers recommended) and socks

### **Not Permitted**

- Too much jewelry
- See-through clothing
- Open-toed shoes/sandals
- Clothing with tasteless sayings or images
- Restrictive clothing
- Non-athletic shoes

Thanks you for your participation and welcome to Capital Sports Injury Center!

\_\_\_\_\_  
Parent/Athlete Signature

\_\_\_\_\_  
Date