



Youth Performance Inquiry Form

Contact Information

Parents Name _____ Home Phone _____
 Athletes Name _____ Work Phone _____
 Address _____ Cell Phone _____
 _____ E-mail _____
 City _____ Athlete's DOB _____
 State _____ Athlete's age _____
 Zip _____ Athlete's grade _____

Emergency Contact: _____ **Emergency Contact Phone:** _____

How did you hear about us?

| | | |
|----------------------------|----------------------|---------------------------|
| Newspaper Ad _____ | Newsletter _____ | Athlete Referral _____ |
| Health Club Referral _____ | Word of Mouth _____ | Coach's Name _____ |
| Camp _____ | Website _____ | Athlete's Name _____ |
| Postcard _____ | Coach Referral _____ | Special Event/Other _____ |

Athlete Sports (Please rank the sports in the order you or your athlete participates in or would like to participate in. Your favorite sport should be marked as number 1)

| | | | |
|--------------------|------------------|----------------|----------------------|
| Baseball _____ | Golf _____ | Soccer _____ | Track Event(s) _____ |
| Basketball _____ | Gymnastics _____ | Softball _____ | Volleyball _____ |
| Field Hockey _____ | Hockey _____ | Swimming _____ | Wrestling _____ |
| Football _____ | Lacrosse _____ | Tennis _____ | Other _____ |

Athlete's team of 1st sport _____ Athlete's Coach of 1st Sport _____

Screener

- 1) Has your child recently suffered any injuries, or have any orthopedic conditions? _____
- 2) Has your child been diagnosed with any cardiac or respiratory conditions? _____
- 3) Has your child recently suffered from any illness that would contraindicate exercise? _____
- 4) What are your child's goals? _____
- 5) What made you call or stop by today? _____
- 6) Why is this important to you? _____
- 7) Why do you think this important to your child/athlete? _____

Waiver of Claims and Assumption of Risk Form

This Waiver of Claims and Assumption of Risk Form (the "Waiver") executed on this ____ day of _____, 20__, by the undersigned (the "Member"), in favor of Carle BroMenn Medical Center, IWP Bloomington, LLC d/b/a Carle Health & Fitness Center, and their respective subsidiaries, affiliates, directors, officers, members, managers, employees, agents, successors and assigns (collectively, the "Operator") for his/her use of the Wellness Center. The Member does hereby, voluntarily, and without duress execute this Waiver under the following terms:

- 1. Release and Waiver:** Member does hereby release and forever discharge and hold harmless the Operator from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Member's use of the Wellness Center, including, but not limited to Member's: (a) entry into or upon the facilities of the Wellness Center, (b) participation in any program or activity offered through the Wellness Center, (c) use of any equipment, machinery, or facilities of the Wellness Center, or (d) any exercise activities conducted outside the facilities of the Wellness Center. Member understands that this Waiver discharges the Operator from any liability or claim that Member, or any of Member's heirs, executors, administrators, and assigns may have, against the Operator, with respect to bodily injury, personal injury, illness, death, or property loss or damage that may result from any of the above activities, whether caused by the negligence of the Operator or otherwise. Member also understands that the Operator does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.
- 2. Medical Treatment:** Member does hereby release and forever discharge the Operator from any and all claims whatsoever which may arise on account of any first aid, treatment, or service rendered in connection with any of Member's activities described herein.
- 3. Assumption of Risk:** Member understands that there are possible dangers associated with activities requiring physical exertion, including, without limitation, transient dizziness, fainting, nausea, muscle cramping, musculoskeletal injury, sprains and strains, heart attack, stroke or death, and that the Wellness Center will **NOT** be monitoring Member's use of the equipment, machinery or facilities of the Wellness Center. Member hereby assumes full responsibility for any and all injuries or damages arising from those risks.
- 4. Representations:** Member understands that strength, flexibility, sports and aerobic exercises, including the use of exercise equipment involves risk of injury. Member represents that Member is physically able to participate in the activities and programs offered through the Wellness Center and that Member will not extend himself/herself beyond his/her abilities, or if Member does so, it will be at his/her own risk. Member has been informed by the Operator that he/she should consult with a physician concerning his/her current physical condition, and should periodically update his/her physical condition with a physician. Member has either obtained his/her physician's approval or has decided to participate in physical activities without obtaining the advice of a physician.

By signing below, Member/Program Participant acknowledges that he/she has read this Waiver and understands the rights he/she is waiving by signing it.

Member/Program Participant: _____
(PRINT NAME)

Member/Program Participant: _____ Date: _____
(SIGNATURE)

Signature of parent or guardian is required if Member/Program Participant is under the age of 18.

Promotional Release

In additional consideration of being permitted by the Training and Performance Center to participate in its training program and to use its facilities, I hereby permit Training and Performance Center to use my name, image, and likeness for promotional purposes limited to its athletic training programs and facilities. Training and Performance Center promotional mediums include but are not limited to print, radio, video, television and the Internet.

I acknowledge that I have read this release and waiver and fully understood its contents. I have been fully and completely advised of the potential dangers incidental to engaging in the activity and instruction of athlete training and I am fully aware of the legal consequences of signing this release. I voluntarily agree to the terms and conditions stated above.

Parent/Guardian's Signature: _____

Date: _____