

# PERFORMANCE ATHLETICS

## Child Application Form and Billing Policy

### Section A: Personal Information

Thank you for your interest in Performance Athletics. Your application will be evaluated and you will be contacted. All information will be kept confidential.

#### I. PERSONAL INFORMATION

Applicant's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Grade Level \_\_\_\_\_ GPA \_\_\_\_\_ School/Team \_\_\_\_\_ Position \_\_\_\_\_  
Dominant Side/Hand \_\_\_\_\_ Dominant Leg \_\_\_\_\_ Shooting Hand \_\_\_\_\_ Hitting Side \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Parent's Work Phone \_\_\_\_\_  
Head Coach \_\_\_\_\_ Coach's Phone Number \_\_\_\_\_ No. of Years in Sport \_\_\_\_\_  
Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body Fat (if known) \_\_\_\_\_

#### II. HEALTH HISTORY

Personal Physician's Name \_\_\_\_\_  
Physician's Address \_\_\_\_\_ Physician's Phone \_\_\_\_\_  
Injury (if any) \_\_\_\_\_ Date Injured Occurred \_\_\_\_\_ Type \_\_\_\_\_  
If injured, where and how did injury occur? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Physician's Diagnosis of Injury \_\_\_\_\_  
Status of Injury (i.e., surgery/rehab) \_\_\_\_\_  
If surgery, name of surgeon \_\_\_\_\_ Phone \_\_\_\_\_  
If rehab, name of therapist \_\_\_\_\_ Phone \_\_\_\_\_  
Where was rehab performed? \_\_\_\_\_  
Any other injuries or non-sports related health problems? \_\_\_\_\_  
\_\_\_\_\_

**III. TELL US A LITTLE ABOUT THE ATHLETE**

Background (school, hobbies, interests): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's expectations of Performance Athletics? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Coach's expectations of Performance Athletics? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about Performance Athletics? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICE USE ONLY**

Date of Interview \_\_\_\_\_ Application Evaluator \_\_\_\_\_

Evaluation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Section B: Medical History

This section of the form should be completed by the applicant and parents/guardian, and must be signed by both the applicant and the applicant's physician where indicated.

### IV: MEDICAL HISTORY (TO BE COMPLETED BY APPLICANT)

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_ Sports \_\_\_\_\_

Employer of Parents \_\_\_\_\_ Work Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_ Family Physician \_\_\_\_\_

Please answer the following questions by circling the appropriate response. Use the next page of this form to explain any "Yes" answers to the following questions. Have or do you:

- |     |  |     |    |
|-----|--|-----|----|
| 1.  | Have a medical problem or injury since your evaluation?                  | Yes | No |
| 2.  | Ever not been allowed to participate in sports for a medical reason?     | Yes | No |
| 3.  | Ever been hospitalized?  | Yes | No |
| 4.  | Ever had surgery?  | Yes | No |
| 5.  | Have any missing organs (e.g., kidney, eye, testicle)?                   | Yes | No |
| 6.  | Presently take any medication?   | Yes | No |
| 7.  | Have any allergies to medicine or insect bites?                          | Yes | No |
| 8.  | Passed out during or after exercise?                                     | Yes | No |
| 9.  | Been dizzy during or after exercise?                                     | Yes | No |
| 10. | Have chest pain during or after exercise?                                | Yes | No |
| 11. | Tire more quickly than your friends during exercise?                     | Yes | No |
| 12. | Have high blood pressure?  | Yes | No |
| 13. | Been told you have a heart murmur?                                       | Yes | No |
| 14. | Have racing of the heart or skipped heartbeats?                          | Yes | No |
| 15. | Have a family member that died of heart problems or sudden death before? | Yes | No |
| 16. | Have any skin problems?  | Yes | No |
| 17. | Ever had a head or neck injury?  | Yes | No |

- |     |  |     |    |
|-----|--|-----|----|
| 18. | Ever been knocked out or unconscious?  | Yes | No |
| 19. | Ever had a seizure?  | Yes | No |
| 20. | Ever had a stinger, burner, or pinched nerve?  | Yes | No |
| 21. | Ever had heat cramps?  | Yes | No |
| 22. | Ever been dizzy or passed out in the heat?   | Yes | No |
| 23. | Have trouble with breathing or coughing during or after activity?                                | Yes | No |
| 24. | Use any special equipment (pads, braces, neck rolls, eye guards, kidney belt, etc.)?             | Yes | No |
| 25. | Have any problems with vision?   | Yes | No |
| 26. | Wear glasses or contacts?  | Yes | No |
| 27. | Ever sprained/strained, dislocated, fractured, or had repeated swelling for any bones or joints? | Yes | No |
| 28. | Have any medical problems listed below? If Yes, please check all that apply.                     | Yes | No |
- 
- |                           |                         |                    |
|---------------------------|-------------------------|--------------------|
| High Blood Pressure _____ | Rheumatic Fever _____   | Diabetes _____     |
| Hepatitis _____           | Abnormal Bleeding _____ | Tuberculosis _____ |
| Asthma _____              | Mononucleosis _____     | Other (List) _____ |

Please explain all YES answers from the questions above:

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**PART V: SIGNATURES**

You must answer all questions below and sign your name in order to be examined:

- |    |   |     |    |
|----|---|-----|----|
| 1. | The above information is current and correct to the best of my knowledge.   | Yes | No |
| 2. | If in the judgment of a representative of Performance Athletics, my child needs care or treatment as a result of an injury or sickness, I do hereby request, consent to and authorize such care as may be deemed necessary. | Yes | No |

Signature of Parent/Guardian	Date
_____	_____

Signature of Child/Applicant

Date

\_\_\_\_\_

\_\_\_\_\_

### Section C: Waiver of Liability

This section of the form should be completed and signed by the applicant, or by the applicant’s legal guardian if applicant is under 18 years of age, as well as by the applicant’s physician where indicated below.

**WAIVER**

\_\_\_\_\_ (the “**Applicant**”) and the parents/guardians named below acknowledge that the Applicant will be taking part in a program of exercise, rehabilitation and/or athletic training being offered to said Applicant through Performance Athletics. The undersigned acknowledge that the Applicant has undergone a complete medical examination exclusively in anticipation of this program by an independent physician who has determined that the Applicant is in appropriate medical condition to participate in a program of vigorous exercise and athletic training activities which may include, but are not limited to, jumping, running, weight lifting and conditioning and other exercises. It is acknowledged that medical clearance has been obtained specifically for such activities.

The Applicant desires to voluntarily utilize the services and, if applicable, facilities and equipment provided by Performance Athletics for the purpose of personal fitness, recreation, or fitness evaluation. As a consideration for the right and privilege of being permitted access to, and the use of, services or programs offered by Performance Athletics, and if applicable, facilities and equipment of its partners, the undersigned do hereby release Theodore Johnson and Performance Athletics, and its officers, agents and employees, from any and all liabilities of any kind whatsoever arising out of any physical or mental injury incurred or sustained by the Applicant while voluntarily preparing to use, using or cleaning up after using, any of the fitness programs, recreational or evaluation services and, as applicable, facilities and equipment provided by Performance Athletics; and furthermore, agrees to save and hold harmless Theodore Johnson and Performance Athletics and its officers, employees and assigns, arising out of the Applicant’s use of the facilities and/or services.

Furthermore, the Applicant acknowledges that he or she may participate in activities involving physical exertion or exposure to heat or steam. The undersigned acknowledges that the Applicant has obtained independent medical approval to use the services or programs, and if applicable, facilities and equipment provided by Performance Athletics for the Applicant’s participation in activities involving physical exertion and that the Applicant has made Performance Athletics aware of any limitations suggested by the Applicant’s physicians.

The undersigned acknowledge and affirm that each of the undersigned have carefully read this release and have asked and obtained a satisfactory explanation of any part that they do not understand.

Applicant’s Signature

Date

\_\_\_\_\_

\_\_\_\_\_

Signature of parent or legal guardian if applicant is under 18 years of age

Date

\_\_\_\_\_

\_\_\_\_\_

**PHYSICIAN'S STATEMENT**

I hereby certify that I examined and found the Applicant physically fit to attend and to participate in the physical fitness activities with Performance Athletics. I know of no impairments which would limit participation in program activities. (Please attach any comments).

Physician's Signature

Date

\_\_\_\_\_

**MEDICAL CLEARANCE (TO BE COMPLETED BY APPLICANT)**

**Section D: Medical Clearance**

This section of the form should be completed by the Applicant, or by the Applicant's parents/guardians if the Applicant is under 18 years of age, and must be signed by the Applicant and a parent/guardian where indicated.

Please answer the following questions by circling the appropriate response.

- 1. Do you have a primary care physician? Yes          No  
If yes, name of provider: \_\_\_\_\_
- 2. Have you had a physical from a health care provider within the past 12 months? Yes          No
- 3. Have you had blood work from a health care provider within the past 12 months? Yes          No
- 4. Please supply the name of the name of the provider that will provide medical clearance: Name of Provider: \_\_\_\_\_

Applicant's Signature

Date

\_\_\_\_\_

Signature of parent or legal guardian if applicant is under 18 years of age

Date

\_\_\_\_\_

## Section E: Billing Policy

This Billing Policy and the Agreement for Services below (collectively, “**Agreement**”) represents the agreement under which Performance Athletics, Inc. (“**PAI**”) will provide services to the Applicant (“**You**” or “**Applicant**”). This Agreement will apply to any matter in which you retain PAI to provide services to you, unless otherwise agreed in a written document signed by PAI.

**Services.** PAI will provide the training, rehabilitation and/or exercise services described in the Agreement for Services and otherwise agreed in writing.

**Hourly Charges.** If the Agreement for Services provides that you will be billed by the hour, you will be charged at the hourly rate indicated therein for all time spent by PAI employees. Time is billed in minimum one-quarter hour (15 minute) increments. Hourly rates may be increased in PAI’s discretion, but not without providing you with prior notice of such increase.

**Flat Fee Charges.** If the Agreement for Services provides that you will be billed a flat fee charge, such flat fee will be non-refundable except in the event PAI is unable to perform its obligations pursuant to the Agreement for Services.

**Termination by You.** You may terminate this Agreement with PAI at any time by providing written notice to PAI. In such event, you agree to pay PAI all charges due pursuant to the Agreement for Services.

**Termination by PAI.** PAI may suspend its obligation to provide services to you at any time by providing you verbal or written notice of your failure to comply with

this Agreement, failure to pay invoices, failure to deposit any agreed retainer, failure to cooperate, or any activity that renders it unreasonably difficult for PAI to provide services to you.

**Billing Disputes.** Billing questions or disputes should be brought to the attention of PAI within fifteen (15) days after the invoice in dispute.

**Collection Costs and Attorney’s Fees.** If PAI files any lawsuit or otherwise incurs costs attempting to collect amounts overdue under this Agreement, you agree to pay PAI’s collection costs, court costs, and reasonable attorney’s fees.

**Interest Charges.** If invoices are not timely paid, PAI may apply an interest charge of 8% per year (or the maximum allowable rate, if lower), calculated monthly, to any invoice not paid within thirty (30) days.

**Governing Law and Venue.** This Agreement will be governed exclusively by Minnesota law. All disputes regarding this Agreement or PAI’s services must be brought only in Hennepin County, State of Minnesota, unless otherwise required by law.

## Section F: Agreement for Services

PAI shall provide the following services to Applicant: \_\_\_\_\_  
\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.

Applicant’s parents/guardians shall pay PAI as follows:

\$ \_\_\_\_\_ flat fee                      \$ \_\_\_\_\_ per hour

PAI, the Applicant and the Applicant’s parents/guardians hereby agree to the above Agreement terms.

PERFORMANCE ATHLETICS, INC.

APPLICANT

By \_\_\_\_\_  
Theodore Johnson  
Its President

\_\_\_\_\_  
(Signature)

APPLICANT’S PARENT/GUARDIAN

\_\_\_\_\_  
(Signature)