

Ultimate Athlete Academy Intake Form

Name of participant/child: \_\_\_\_\_ Gender: M / F (circle one)

Participant date of birth: \_\_\_\_\_

Sport of interest: \_\_\_\_\_

Parent/guardian: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Emergency phone: \_\_\_\_\_

Has the participant ever been restricted from physical activity for medical reasons? Yes / No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the participant have a history of any injury that could affect participation? Yes / No

If yes, please list location of injury and/or diagnosis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the participant currently take any medications? Yes / No

If yes, please list medication, dosage, and reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list all individuals approved to pick up the participant/child from Physical Therapy

Specialists:

Name	Contact Phone Number
1)	
2)	
3)	

Ultimate Athlete Academy Liability Waiver

**Prior to engaging in physical exercise, Physical Therapy Specialists recommends that you clear your child's participation in an exercise program with your pediatrician. Services rendered as part of the Ultimate Athlete Academy should not be interpreted as medical advice and cannot be a substitute as such. All known medical conditions and significant injuries should first be cleared by the pediatrician for participation.**

As the parent/legal guardian of my child, \_\_\_\_\_ (name), I understand that exercise and physical activity completed as part of the Ultimate Athlete Academy may be strenuous. I acknowledge that all exercise, including this program, contains inherent risks that may result in orthopedic and other injuries, up to and including critical harm or death. Negligent acts completed by my child or other participants may also result in similar consequences.

I willingly assume full responsibility for any and all risks that I expose my child to at Physical Therapy Specialists, including activities outside of the Ultimate Athlete Academy. I accept all responsibility for my child's health and any resulting injury or mishap that may affect his/her well-being in any way.

**I willingly and voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify Physical Therapy Specialists and its representatives, employees, and assigns from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my child's participation in this program.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_