

STRIDES of CNY, LLC

Total Strength & Conditioning Development

PROGRAM REGISTRATION FORM

ATHLETE/PARENT INFORMATION

Athlete's Name: _____ Date of Birth: _____ Parent(s) Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Cell: _____
Athlete's EMAIL Address: _____ Parent's EMAIL Address: _____

MEDICAL HEALTH INFORMATION

Athlete's Health Insurance Company: _____ Policy Number: _____
Contact Telephone Number: _____
Emergency Contact Individual: _____ Emergency Contact Number: _____
Medical History: _____

Injuries (with dates): _____

Surgeries (with dates): _____

Medications: _____
Allergies: _____

MEDICAL HEALTH CLEARANCE

*****PLEASE CHOOSE ONE AND PROVIDE ALL INFORMATION*****

ATHLETE AGREES TO MEDICAL EXAMINATION

- We, the athlete and parent(s)/guardian attest that, _____ (athlete's name) had a medical physical within the past year on ____ / ____ / ____ . Therefore, the athlete has been given a medical health clearance by Dr. _____ (physician's name) stating that the above athlete is in excellent physical health to participate in this vigorous conditioning program provided by *STRIDES of CNY, LLC*.

Physician signature: _____ Date: _____

Parent signature: _____ Date: _____

Athlete signature: _____ Date: _____

ATHLETE/PARENT/GUARDIAN DECISION TO DECLINE A MEDICAL EXAMINATION

- We, the athlete and parent(s)/guardian decline a medical evaluation by a physician. Hence, we will not hold STRIDES of CNY, LLC responsible for any injury/illness that may result in my/our athlete's participation with STRIDES of CNY, LLC.

Parent signature: _____ Date: _____

Athlete signature: _____ Date: _____

PAYMENTS

- Cash or Check (payable to *STRIDES of CNY, LLC*)

TERMS & AGREEMENTS

Upon signing this registration form, the athlete and parent(s) are committed to a contract with STRIDES of CNY, LLC and will abide to all terms & agreements listed below (**PLEASE CHECK & INITIAL**):

- Payments for the conditioning program and for the monthly nutritional progress will be prorated if the athlete is signing up mid month. _____
- All participants are responsible for full tuition of the program; there are no refunds if the athlete wants to terminate the program. _____
- Athletes, who DO NOT demonstrate maturity, responsibility, enthusiasm and seriousness before, during or after participation, will be excluded from the program without a refund. _____
- If the athlete is going to be late, a telephone call is required PRIOR to the scheduled program time. In addition, training times may be changed but with in 24 hours of the scheduled time. Continued lateness and changes will result in termination of program with out a refund. _____
- All observers (relatives, friends, etc.) are RESTRICTED from the workout area but may observe participants from an area designated by STRIDES of CNY, LLC. _____
- We, the athlete and parent(s)/guardian, understand and accept the strenuous tasks the athlete will endure in this program. Hence, we, the athlete and parent(s)/guardian, have received a medical physical (within 1-year of today) and have a physician's approval stating the above athlete is in excellent health to participate in this vigorous conditioning program. _____
- I understand and will NOT hold STRIDES of CNY, LLC, the grounds and facilities associated with Cicero Family Sports Center, and or any other facility responsible for any and all accidents, injuries, claims of any kind and expenses incurred as a result of participation in this program. _____
- I testify that the information on page 1 is correct. _____
- In the event of an illness or injury, you, the parent/guardian, gives permission for the strength coach to provide emergency care. _____
- I give permission for STRIDES of CNY, LLC to use my or my child's name and pictures for marketing purposes as well as for posting name and/or pictures on the STRIDES of CNY, LLC web page. _____

Athlete signature: _____ Parent signature: _____ Date: _____

RULES & REGULATIONS

- NO spitting or chewing tobacco.
- NO athletes allowed in the office unless given permission.
- ALL extra articles of clothing/equipment will be placed in the designated change room/area.
- NO hats worn during sessions. Proper clothing will be worn and sneakers properly tied.
- Return ALL equipment to the proper place after use.
- Clearly and properly fill out conditioning sheets.
- Dispose of ALL trash to cans. Respect the facility and grounds.
- Respect ALL strength coaches.
- Athletes may ask staff to store valuables. (*STRIDES of CNY, LLC is not responsible for stolen/loss goods*)
- ALL athletes will arrive promptly – sessions will start on time!
- Staff will play music and adjust volume upon request.
- Respect the workouts of other athletes.
- WORK HARD!**

I have read the terms & agreements and the rules & regulations listed above and will abide by them. If I constantly break these rules listed above, STRIDES of CNY, LLC may terminate me from the conditioning program without a refund.

Athlete signature: _____ Parent signature: _____ Date: _____

FINANCIAL AGREEMENT POLICY

Effective January 1, 2007, *STRIDES of CNY, LLC* is no longer accepting month-to-month memberships. NEW athletes are required to pay, in full, at the time of sign-up for the winter, spring and/or summer sessions.

Partial payments may be made. If you choose to make a partial payment, the initial payment MUST be 50% of the total bill at the time of sign-up. The remainder of the bill MUST be made at the mid-point of the session. Late payments will be assessed a 2% late fee penalty per week for balances that are past due.

Session: Pre-/In-season _____ Post-season _____ Off-season _____ Balance Due: \$ _____

Start Date: _____ Finish Date: _____ Cash/Check # _____ Paid: \$ _____

I HAVE ELECTED TO PARTICIPATE IN THE PARTIAL PAYMENT PLAN

1st PAYMENT

Due Date: _____ Balance: \$ _____

2nd PAYMENT

Due Date: _____ Balance: \$ _____

I have read and understand the financial agreement policy as indicated above. I have the financial responsibility to pay, in full, for the services rendered on the due dates outlined for me above.

Athlete's Name: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____