

Strides Building Athletes

PROGRAM REGISTRATION FORM

ATHLETE/PARENT/CLIENT INFORMATION

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

MEDICAL HEALTH INFORMATION

Athlete's/Client'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/CLIENT AGREES TO MEDICAL EXAMINATION

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

ATHLETE/CLIENT DECISION TO DECLINE A MEDICAL EXAMINATION

- We, the athlete/client/parent(s)/guardian decline a medical evaluation by a physician on this date. The athlete (s)/client had a physical examination within the past year and is on record at their school and/or physician's office. Thus, we/I will not hold *STRIDES of CNY, LLC*, Cicero Family Spots Center, or the CNY Family Sports Center responsible for any injury/illness that may result in my /our athlete's/client's participation with *STRIDES of CNY, LLC*.
- Client/Parent signature: _____ Date: _____
Athlete signature: _____ Date: _____

PAYMENTS

- Cash, Check (payable to *STRIDES of CNY, LLC*), and/or Credit Card (Visa / Master Card)

TERMS & AGREEMENTS

Upon signing this registration form, the athlete/client/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 program 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/client wants to terminate the program. _____
- There are NO make-ups for missed training sessions. _____
- Athletes/Clients who are injured are expected to continue to train around their injury. _____
- Athletes/Clients, 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/client 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/I, the athlete/client/parent(s)/guardian, understand and accept the strenuous tasks the athlete/client will endure in this program. Hence, we/I, the athlete/client/parent(s)/guardian, have received a medical physical (within 1-year of today) and have a physician's approval stating the above athlete/client is in excellent health to participate in this vigorous strength & conditioning program. _____
- I understand and will **NOT** hold *STRIDES of CNY, LLC*, the grounds and facilities associated with the CNY Family Sports Centre, 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 client/parent/guardian, give 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: _____ Client/Parent signature: _____ Date: _____

RULES & REGULATIONS

- NO spitting or chewing tobacco.
- NO athletes/clients 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 strength & conditioning sheets.
- Dispose of ALL trash to cans. Respect the facility and grounds.
- Respect ALL strength coaches.
- Athletes/Clients may ask staff to store valuables. (*STRIDES of CNY, LLC is not responsible for lost or stolen goods*)
- ALL athletes/clients 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 strength & conditioning program without a refund.

Athlete signature: _____ Client/Parent signature: _____ Date: _____

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FINANCIAL AGREEMENT POLICY

PROGRAM: *Sports Performance Adult Training Boot Camp Personal Training Adult Membership*

TRAINING TIME PERIOD: Start Date: ___/___/___ Finish Date: ___/___/___

DAYS/WEEK: 1 2 3 4 5 6 7 **HOURS/SESSION:** 1.0 1.5 2.0 2.5 3.0 **BALANCE DUE:** \$ _____

PAYMENT OPTION: Cash \$ _____ Check # _____ Credit Card: Visa / Master Card (*please circle*)

CREDIT CARD INFORMATION REQUIRED IF CHOOSING PAYMENT OPTION #2 or #3 :

Credit Card #: _____ Expiration Date: ___/___/___ Zip Code (*associated with card*): _____

Security Code (*3 digit number from back of card*): _____ Name (*as it appears on account*): _____

Authorized Signature: _____ Date: ___/___/___

PAYMENT PLANS

OPTION #1 - PAY IN FULL PLAN: (*please circle*)

- *I plan to 'pay in full' the balance due using the payment option listed above.*

OPTION #2 - PARTIAL PAYMENT PLAN: TWO PAYMENTS Cash / Check / Credit Card (*please circle*)

- *The first payment of \$ _____ is 50% of the total balance due on the first day of registration ___/___/_____. The remainder of the balance \$ _____ will be paid in full on ___/___/_____.*
- *Late payments will be assessed a 2% late fee penalty per week until balance is paid in full.*
- *I agree to pay the remaining balance for this financial agreement policy with cash, check, or credit card before or on the due date. Failure to pay the balance with cash or check will result in the credit card being charged. If paying by credit card, I authorize Strides of CNY, LLC to deduct \$ _____ on ___/___/_____ from my account with the financial institution named above for payment of services. I understand that I have the right to stop this automatic payment upon 14 days written notice to Strides of CNY, LLC prior to the time my account is charged. I also understand that Strides of CNY, LLC reserves the right to end this payment plan and my/child's participation therein. I understand that transactions returned unpaid by my financial institution will result in \$30 returned fee being added to my Strides of CNY, LLC account.*

Authorized Signature: _____ Date: _____

OPTION #3 - PARTIAL PAYMENT PLAN: MONTHLY PAYMENTS Credit Card ONLY

- *I authorize Strides of CNY, LLC to deduct \$ _____ on the 1st of each month of service from my account with the financial institution named above for payment of services. I understand that I have the right to stop these automatic payments upon 14 days written notice to Strides of CNY, LLC prior to the time my account is charged. I also understand that Strides of CNY, LLC reserves the right to end this payment plan and my/child's participation therein. I understand that transactions returned unpaid by my financial institution will result in \$30 returned fee being added to my Strides of CNY, LLC account.*

Start billing cycle: ___/___/___ End billing cycle: ___/___/___

Authorized Signature: _____ Date: _____

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

Athlete's Name (print): _____ Client's/Parent/Guardian's Name (print): _____

Client/Parent/Guardian's Signature: _____ Date: _____ Referred by (print): _____

www.StridesStrength.com