



PERSONAL PROFILE

TODAY'S DATE ____/____/2010

TEAM _____

EMAIL _____

FIRST NAME _____

HOME PHONE _____

LAST NAME _____

WORK PHONE _____

PARENT/GUARDIAN _____

CELL PHONE _____

GENDER male female

FAX _____

ADDRESS _____

DATE OF BIRTH ____/____/____

CITY _____

AGE _____

STATE _____

GRADE/COLLEGE _____

ZIP _____

REFERRED BY _____

Please mark if you have injured any of these areas.
Explain & date each of these in the "previous injuries"

Joint or Bone		Soft Tissue			
	R	L	R	L	
Toe	<input type="checkbox"/>	<input type="checkbox"/>	Lower leg	<input type="checkbox"/>	<input type="checkbox"/>
Foot	<input type="checkbox"/>	<input type="checkbox"/>	Upper leg	<input type="checkbox"/>	<input type="checkbox"/>
Ankle	<input type="checkbox"/>	<input type="checkbox"/>	Abdominal	<input type="checkbox"/>	<input type="checkbox"/>
Knee	<input type="checkbox"/>	<input type="checkbox"/>	Low Back	<input type="checkbox"/>	<input type="checkbox"/>
Hip	<input type="checkbox"/>	<input type="checkbox"/>	Upper Back	<input type="checkbox"/>	<input type="checkbox"/>
L. Back	<input type="checkbox"/>	<input type="checkbox"/>	Shoulder	<input type="checkbox"/>	<input type="checkbox"/>
Up. Back	<input type="checkbox"/>	<input type="checkbox"/>	Upper Arm	<input type="checkbox"/>	<input type="checkbox"/>
Neck	<input type="checkbox"/>	<input type="checkbox"/>	Lower Arm	<input type="checkbox"/>	<input type="checkbox"/>
Shoulder	<input type="checkbox"/>	<input type="checkbox"/>	Neck	<input type="checkbox"/>	<input type="checkbox"/>
Elbow	<input type="checkbox"/>	<input type="checkbox"/>			
Wrist	<input type="checkbox"/>	<input type="checkbox"/>			
Finger	<input type="checkbox"/>	<input type="checkbox"/>			

MEDICAL CONDITIONS

Physician & Office Phone # _____

Medications _____

Asthma (circle one) Y N
if yes, exercise induced? Y N

Allergies _____

Family history of Heart Disease Y N

High blood pressure Y N

Previous injuries

Date Description

Date Description

Date Description

Date Description

for office use only	
Date	Remarks
Date	Remarks
Date	Remarks
Date	Remarks



PERSONAL PROFILE

PRIMARY EMERGENCY CONTACT

NAME

RELATION

HOME PHONE ()

WORK PHONE ()

CELL PHONE ()

SECONDARY EMERGENCY CONTACT

NAME

RELATION

HOME PHONE ()

WORK PHONE ()

CELL PHONE ()

ACTIVE SPORTS (please circle & prioritize) for

baseball 3

baseball

basketball

boxing

cycling

dance

field hockey

figure skating

football

general fitness

golf

gymnastics

hockey

lacrosse

martial arts

personal training

rugby

running

skiing

snowboarding

soccer

softball

squash

swimming

tennis

track & field

triathlon

volleyball

water polo

wrestling

other

PRIMARY COMPETITIVE SEASON (please circle) FALL

WINTER

SPRING

SUMMER

TEAMS YOU COMPETE FOR (please list)

GOALS (for example, **to get stronger**)

①

②

③

④

⑤

①

②

③

④

⑤



AGREEMENT & RELEASE OF LIABILITY

1. In consideration of being allowed to participate in the sports performance programs of CATZ and to use its facilities, equipment and services, in addition to payment of any fee or charge, I do hereby forever waive, release and discharge CATZ and its officers, agents, employees, representative, executors, and all others acting on their behalf from any and all claims or liabilities for injuries or damage to my person and/or property, including those caused by the ordinary negligent act or omission of any of those mentioned or others acting on their behalf, arising out of or connected with my participation in any activities, programs or services of CATZ, or other use of any equipment at various sites, including home, outdoor areas, provided by and/or recommended by CATZ. I understand that the terms of this release shall not apply to gross negligence, willful or wanton conduct or criminal activity. (Please initial ____).
2. I have been informed of, understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also have been informed of, understand and am aware that fitness and sports performance activities involve a risk of injury, including a remote risk of stroke, heart attack, death or serious disability, and that I am voluntarily participation in these activities and using equipment and machinery with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. (Please initial ____).
3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation or use of equipment or machinery. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in the exercise activities, programs and use of exercise equipment. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and use of exercise equipment. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in the exercise activities, programs and use of equipment with out the approval of my physician and do hereby assume all responsibility for my participation in said activities, programs and us of equipment. (Please initial ____).
4. I understand that CATZ provision and maintenance of a sports performance program for me does not constitute an acknowledgement, representation or indication of my physiological well being, or a medical opinion relating thereto. (Please initial ____).
5. In the event that any provisions of this agreement should be deemed to be invalid, then and in that event, the remaining terms hereof shall continue to be valid and enforceable between the parties hereto. (Please initial ____).

Parent's
Signature _____ **Date** _____

Athlete's
Signature _____ **Date** _____