



Sports Performance Athlete Health Assessment, Release Waiver, and Assumption of Risk Form

Athlete's Name: (LAST)	(FIRST)	Sex (circle): M F
Address:	City:	State/Zip:
Home Phone #:	Cell Phone #:	FIT recommends that you clear your participation in any exercise program including Sports Performance with your physician
Email:	Date of Birth:	
Emergency Contact:		
Emergency Phone #:		

HEALTH ASSESSMENT

Medical History	Yes	No	Medical History	Yes	No
Any hospitalization or operations			Neck or back injury		
Allergies to medicine, insect bites or food			Broken bones or sprains		
Speech or development delays			Joint injuries (Ankle/Knee/Wrist)		
Vision Problems (Glasses / Contacts)			Required restricted physical activity		
Ear or hearing problems			Diabetes		
Seizures or Convulsions			Cancer		
Dizziness or fainting with exercise			Dental or orthodontic braces		
Headaches			Learning problems		
Head injury or loss of consciousness			Sleep problems		
Heat stroke or exhaustion			Behavioral problems		
Asthma or difficulty breathing			ADD / ADHD		
Heart or blood pressure problems			Autism Spectrum Disorder		
Chest pain with exercise			Other (please list below)		

If you answer yes to any of the above, please explain and indicate whether PREVIOUS or ONGOING condition:

INFORMED CONSENT/ASSUMPTION OF RISK

I, _____, agree to participate in the Sports Performance program(s)/class(es) sponsored by Fitness Integrated Therapy or FIT which may include, but not necessarily be limited to sport-specific training drills, group or one-on-one training and/or training of any kind by any affiliate, subsidiary or partnership of FIT and/or Lawrence Ramiscal (hereinafter collectively referred to as Fitness Integrated Therapy). FIT made me fully aware that the fitness programs/classes which its Sports Performance program offers and in which I desire to participate are of a nature and kind that are extremely strenuous and can/may push me to the limits of my physical abilities. I the undersigned recognize and understand that the programs/classes are not without varying degrees of risk which may include, but are not limited to the following: Injury to the musculoskeletal and/or cardio respiratory systems which can result in serious injury or death, injury or death due to negligence on the part of myself, my training partner, or other people around me, injury or death due to improper use or failure of equipment, or injury or death due to a medical condition, whether known or unknown by me. I am aware that any of these above mentioned risks may result in serious injury or death to my self and or my partner(s).

INITIALS: _____

OVER PLEASE --->

