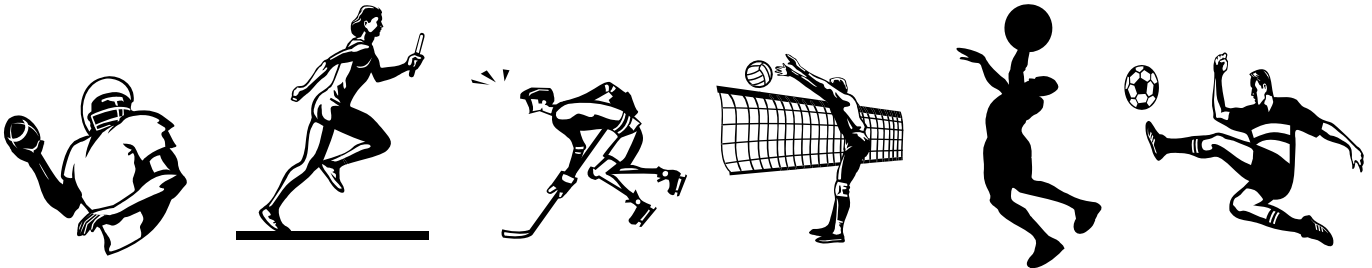


The Competitive EDGE Sports Performance



2008 Sports Performance Information Packet

The Competitive **EDGE** Sports Performance

2008 Sports Performance Information Packet

We welcome you as a participant in The Competitive EDGE Sports Performance Program. This packet contains the following:

- Athlete Information
- Past Medical History Health History
- Informed Consent
- Program Policies
- Rules and Regulations

Please read carefully and fill out the appropriate information and signatures. This is required for participation in The Competitive EDGE Sports Performance program.

2008 Sports Performance Price List

One on One training \$40.00/session
Minimum of (8) sessions for optimal results. (8) sessions = \$320.00
Paid prior to or at first session.

Group training \$65.00/session
A group can range between 2 and 7 athletes. The price is for the entire group, NOT the individual rate.
Minimum of (8) sessions. Paid prior to first session.

Team training \$109.00/session
A team can range between 8 and 15 athletes. The price is for the entire group, NOT the individual rate.
Paid prior to or at first session.

All sessions for One on One, Group, and team training are 1 hour and 15 minutes long.

Sports performance camps \$95/participant
Niagara Catholic High School (520 66th Street, Niagara Falls, NY) or Summit Fitness Center at 6930 Williams Road, Niagara Falls, NY

Please identify what program you are registering for: _____

Participant's name: _____

Participant's signature: _____

Date: _____

Please send completed packet to:
Tony Surace, M.Ed., ATC
Manager of Sports Medicine and Athletic Training
Summit Healthplex
Suite 700

Has any immediate family member had cardiac or pulmonary surgery? (please specify)

Have you ever had difficulty breathing? _____

Have you ever experienced fainting or dizzy spells? _____

Do you smoke? _____ If yes, how much? _____

Are you currently participating in a regular exercise program? _____

Type and frequency of exercise _____

Is there any other health condition that might limit your participation in any of our physical exercise programs?

Signature of participant _____ Date _____

Parent or Legal Guardian (if under 18) _____ Date _____

The Competitive EDGE Sports Performance Program

Sports Performance Fees

Upon completion of the initial evaluation, a bill will be sent to the single participant or group/team representative. Payment needs to be received in FULL before training sessions can begin, unless other arrangements have been made with the Manager of Sports Medicine.

Initial _____

Training Program Duration/Refund Policy

The training program consists of a minimum of 6 sessions for individuals and 8 sessions for groups in order to achieve optimal results. Each program must be completed within an 8 week time period otherwise unused sessions will be forfeited. If failure to complete the program prior to the expiration date is due to competitive athletic participation, time constraints, or physician advice, a refund cannot be given. A voucher will be given to extend the training period in the future if such a case should arise. Arrangements should be made with your sports performance coach.

Initial _____

Arrival Time

All athletes are expected to arrive at the facility 20 minutes prior to warm-up and stretch.

Initial _____

Cancellation Policy/No Shows

Cancellation of a scheduled training session must be made 24 hours in advance. Failure to provide 24-hour notice will result in forfeiture of the training session. Failure to show for a scheduled training session will result in forfeiture one paid training session of the purchased training package.

Initial _____

Late Arrival for a Scheduled Training Session

5-25 minutes late will receive a modified training session or forfeiture of training session at the discretion of the sports performance coach.

Initial _____

Absolutely no profanity or horseplay is allowed in the training facility.

Signature of coach/team contact person

Informed Consent

PLEASE READ: The accompanying information regards the fitness evaluation protocols, equipment usage and equipment used for physical testing. If you have any questions, please ask your sports performance coach.

1. My participation in The Competitive EDGE sports performance program is voluntary and I may withdraw at any time from the evaluation or training program. Refunds will not be provided unless approved by the Manager of Sports Medicine.
2. The testing will be administered by and under the direction of The Competitive EDGE sports performance coaching staff.
3. I understand that precautions will be used during this evaluation/training program to minimize risk of exercise related physical injury resulting from evaluation procedures; equipment usage or training protocols; no medical treatment or monetary compensation will be provided by The Competitive EDGE sports performance programs.
4. I give permission to The Competitive EDGE sports performance program to use my training results or any photos for the purpose of reports, publications or marketing materials such as brochure or website. My identity will not be associated with such reports, publications or marketing materials unless I have given specific permission to do so.
5. I acknowledge that The Competitive EDGE sports performance program is relying solely on information provided by me regarding my medical history and physical condition in allowing me to participate in any evaluation or training session. I certify that I have made complete disclosure of my medical history and physical condition and the information provided is true and correct.

Signature of Participant

Date

Parent or Legal Guardian

The participant is under 18 years of age. I have received the information provided and certify it to be true and correct. I consent to allow _____ to participate in the evaluation and/or training program with The Competitive EDGE sports performance program.

Signature of Parent or Legal Guardian of Minor

Rules and Regulations

1. Participants are required to have an authorized Competitive EDGE coach present.
2. You must sign-in each time you use the facility.
3. Please notify a staff member immediately in the event of equipment malfunction or facility related injury.
4. If you have an injury that in any way inhibits a portion of a workout you must bring it to the attention of an NFMCC staff member. He/she will refer you to the appropriate health care professional.
5. Prior to participation, you must undergo an orientation on the equipment and its proper use, on the common risks involved with training, on the execution of various exercises and on the possible consequences of improper technique.
6. Prior to participation, you must have all the appropriate forms filled out completely and payment for the program must be made in full.
7. Observe training center etiquette and demonstrate courtesy toward others in the vicinity at all times.
8. Absolutely no horseplay! This includes loud offensive language or temper tantrums.
9. Wear proper training attire, particularly shorts, shirts and athletic shoes at all times. Shoes must be properly tied and secure, not loose.
10. No food or drink shall be brought into the facility. Water bottles are acceptable for hydration during the training session.
11. Bring personal towel and water bottle to each session.
12. Show respect for equipment and facility at all times. Do not drop or throw weights or other equipment.
13. Keep equipment off the floor and return to the proper rack when the exercise is complete.
14. Utilize spotters and locks on free weight bars when necessary (ie: overhead lifts, squats, bench press and platform lifts).
15. The Competitive EDGE sports performance program is not responsible for holding personal belongings. Athletes supply their own locks for lockers.
16. Follow all instructions given by The Competitive EDGE sports performance program.
- 17. Failure to adhere to any of the above rules and regulations could result in dismissal from the program with no refund.**

I, _____, have read all the rules and regulations and hereby agree to follow them. (Please print)

Signature of Athlete & Parent/Legal Guardian