



**Train Smart  
Work Hard**

**Athlete Information**

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**Name:** \_\_\_\_\_ **Gender:** \_\_\_\_\_  
                    First                            Middle                            Last

**Address:** \_\_\_\_\_  
                    Number & Street                            City                            State                    Zip

**Phone Number:** \_\_\_\_\_ **D.O.B.:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Parent/Guardian Email:** \_\_\_\_\_

**Personal Physician:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**School Team:** \_\_\_\_\_

**Club Team:** \_\_\_\_\_

**Sport /Position:** \_\_\_\_\_

**Shirt Size (circle):** Adult / Youth    S    M    L    XL

**How did you hear about us?** \_\_\_\_\_

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**Scheduling and Payment Information:**

Scheduling is on a first come, first serve basis. Time slots can be reserved for weekly appointments but will not be held if a client vacates that time slot for more than two consecutive weeks. All scheduling is made through the Trainer unless otherwise specified.

**If you need to cancel an appointment, it must be done via written communication (text, email, etc.) at least 24 hours prior to that appointment or you will be charged.**

Payment is due upon completion of service (end of the training session) unless otherwise communicated.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Parent/Guardian  
(if under 18 years of age)

\_\_\_\_\_  
Date

