



HIGH LEVEL SPORTS PERFORMANCE (Pty)Ltd

Ref no: 2015/190481/07, www.hlsportsperformance.com

Registration Form

(Please print clearly and all information is confidential)

ATHLETE/CLIENTS INFORMATION

Name _____ M F
 (Last) (First) (Circle Gender)
 DOB ____/____/____ Age _____
 Address _____
 City _____ State _____ ID _____
 Phone (H) (____) _____ - _____ (C) (____) _____ - _____
 E-Mail Address _____
 School _____ Grade _____
 3 Sports Played _____
 Club Sports _____
 Weight _____ Height _____ Ethnicity _____
 Medical Aid No _____

PARENT/GUARDIAN INFORMATION

Mother's Name _____
 (Last) _____
 (First) _____
 Address _____
 City _____ State _____ Zip _____
 Phone (H) (____) _____ - _____ (C) (____) _____ - _____
 (W) (____) _____ - _____
 E-Mail Address _____

Father's Name _____
 (Last) _____ (First) _____
 Address _____
 City _____ State _____ Zip _____
 Phone (H) (____) _____ - _____ (C) (____) _____ - _____
 (W) (____) _____ - _____
 E-Mail Address _____

PROGRAM TYPE

Please tick the program you wish to register for:

Long Term Athlete Development (LTAD): [] Adult Fitness Boot Camp: []
 Sports Science Assessment [] Sports Performance Clinic: []
 Team Training []



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ATHLETE GOALS/ CLIENT'S GOAL

What is a priority for you to improve on NOW?

What are your 3 and 5 year goals in your Sport?

What are some of your physical concerns?

Do you feel you need to lose some pounds, if yes? How much?

What are the critical performance areas, you need HL-SP to address immediately?

PACKAGE CHOICE

Please kindly tick what package are you interested in

HL-SP STARTER {1 *sessions a Week/ 4*session a Month}	<input type="checkbox"/>
HL-SP PRO{2 *sessions a Week/ 8*session a Month}	<input type="checkbox"/>
HLSP ELITE{3 *sessions a Week/ 12*session a Month}	<input type="checkbox"/>



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INFORMED CONSENT FORM

Thank you for choosing to use the activities, programmes, undergo our training or services of High Level Sports Performance. We request your understanding and cooperation in maintaining your safety and health by reading and signing the following INFORMED CONSENT AGREEMENT.

Procedure: I, _____, have voluntarily applied to participate in the High Level Sports Performance sport science testing/or Training. I understand each person (myself included), has a different capacity for participating in such activities. I am aware that the physical fitness program includes training to build the cardiorespiratory system (heart and lungs), the musculoskeletal system (muscle endurance, strength and flexibility and to improve body composition (decrease of body fat in individuals needing to lose fat, with an increase in weight of muscle and bone).

All exercise program/testing are designed to gradually increase workload on the cardio-respiratory and musculoskeletal systems in order to effect improvements. I understand the body reaction to gradually increasing exercise activities cannot be predicted with complete accuracy. Unusual changes during or following a session may occur. These may include muscular or joint injury, abdominal blood pressure, fainting, transient light-headedness, chest discomfort, leg cramps, nausea, disorders of heartbeat, and/or rare instances of heart attack or death. In such case or any form discomfort, I understand that I am free to withdraw from, reduce or modify my involvement in any of the Activities and I realise that I should do so on recognition of any signs mentioned above.

I understand that a program of regular employed exercise program for the heart, lungs, muscles and joints, has many benefits associated with it. These may include a decrease in body fat, improvement in blood fats and blood pressure, a more cardiovascular system, an improved musculoskeletal system, improvement in physiological function, and a decrease in the risk of heart and other diseases.

I certify that I am in good health and have no condition that would limit/prohibit my engagement in active or passive training will be detrimental to heart, safety, or comfort or physical condition. I state that I have had a recent physical check-up and gave my personal physician's permission to engage in aerobic and/or anaerobic conditioning and also, I further represent that I carry full and complete medical insurance coverage

All participant in the program will be treated as privileged and confidential and will not be revealed to any person without expressed written consent.

I hereby fully and forever release and discharge the coach/ or the trainer or members of High Level Sports Performance, its assigns and agents from all claims, demands, rights of action, present and future therein.

I have read the foregoing information and understand it. Any questions which may have occurred to me have been answered to my satisfaction.

Client Signature: Date:

Parents/Guardian's: Date:



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PROMOTIONAL AGREEMENT

I hereby permit High Level Sports Performance the use of my Name, Photographs/Videos Containing My Likeness. I understand that throughout my participation in the training, photographs and/or videos will be taken which may include myself engaging in the performance of the program. I hereby authorize and allow any such photograph(s) and/or video(s) to be used by High Level Sports Performance for any promotional purposes including, but not limited to, marketing, print, radio, video, television, internet, sales and merchandising, I also understand that I will not be receiving any form of payment in this regard. I voluntarily agree to the terms and conditions stated above.

CLIENT'S SIGNATURE: DATE:	
PARENT'S/ GAURDIAN'S SIGNATURE	