



**SPORTS  
PERFORMANCE**

## YOUTH MONTHLY TRAINING PROGRAM

**Participant Name:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_ **M/F** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Primary Care Physician:** \_\_\_\_\_  **If none, check here**

**Name on Credit Card:** \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

Are you a Beacon Health & Fitness member?  Yes  No

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**What monthly training program are you participating in?**  Youth (5<sup>th</sup> to 8<sup>th</sup> Grade)  High School (9<sup>th</sup> to 12<sup>th</sup> Grade)

**Are there restrictions on who may pick up the participant from training?**  Yes  No

**If yes, who? Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

## Medical Clearance Questionnaire

1. Do you have or have you ever had Chest pains, significant shortness of breath, or feelings of heart palpitations when exercising?  Yes  No
2. Have you ever had to stop exercising due to feelings of passing out?  Yes  No
3. Do you or does anyone in your family have a history of sudden cardiac death, especially before the age of 40?  Yes  No
4. Have you ever had stents placed in your heart? Or had significant heart surgery or pacemaker placement?  Yes  No
5. Have you had any previous surgeries of any kind?  Yes  No
6. Do you have asthma?  Yes  No

7. Do you have allergies? Please list them

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8. Please give a list of your current medications and supplements you are using:

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9. Injury History/Activity Limitations:

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**PARTICIPATION QUALIFICATIONS:** Subject to approval by the Facility, without regard to race, sex, sexual orientation, gender identification, ethnic background or religion, any individual ten (10) years-of-age or older, of proven financial responsibility, is eligible for participation.

**CANCELLATION/REFUND POLICY:** Youth Monthly Training Program is a month-to-month payment process. Cancellation/refunds are not available.

**LIABILITY WAIVER:** In consideration of participating in a Beacon Health & Fitness program, I agree that I understand the inherent risks of participation. I understand that I shall discontinue participating should I believe the conditions are unsafe at any time. I further agree and acknowledge that I am assuming all risks associated with being injured or disabled while participating in this program in or outside of a Beacon Health & Fitness location. Having read this waiver and knowing these facts and in consideration of your accepting application, I for myself and anyone entitled to act on my behalf, waive and release Beacon Health System, Inc. and all its sponsors, their representatives, agents, directors, officers, employees, volunteers and successors from any and all claims, liabilities, demands, losses, cause of action or damages of whatever kind or nature arising from or based upon in any way my participation in the Beacon Health & Fitness program. I will also indemnify, save and hold harmless all organizations or individuals named from any loss, liability, damage or cost which may be incurred by such organization or individuals arising from or based upon my acts or negligence during my participation in this event. In addition, I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose. I certify that I am 18 years of age or older, or that I am the Parent/Guardian of the participant and am granting permission for him/her to participate.

I have read the liability waiver and understand the inherent risks with this activity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Parent/Guardian if youth is under 18 years old)*