



PARTICIPATION REGISTRATION

****Please complete all forms attached to this registration form and return to the front desk of the Aggieland Fitness Dome****

Please select all that apply below

Participants name: _____ DOB: ___/___/___ Age: ___ T-Shirt Size: ___

Desired Camp dates: ___ June 21st - July 15th or ___ July 18th - Aug 12th

Legal guardian's name: _____ Relationship to child: _____

Phone number: Mobile: _____ Home: _____ Office: _____

Email: _____ Home address: _____

Desired Package Option:

___ **Basic Access 2x/week (___ T&TH or ___ M&W) = \$180.00** or ___ **Unlimited Access (M-F) = \$320.00**
**Payment must be made in full at time of registration payable to the Aggieland Fitness Dome to reserve spot*

Desired Camp Times:

___ **Developmental 1 (age 12-14) = 8:30 - 10:00 AM** or ___ **Developmental 2 (age 15-18) = 1:00 - 2:30 PM**

Does your child have any significant pre-existing medical conditions or allergies? If yes, please indicate below:

Please inform us of any specific goals you have for your child with regard to health and wellness:

_____ **Please initial here that you understand that a full medical history and waiver, indemnification and medical treatment authorization form must be completed by the above mentioned participant's legal guardian for the above mentioned participant to be allowed to participate in this program (forms are accompanied with this registration form).**

Thank you for your interest in this program. We consider it an honor to have the opportunity to help your child/children unlock their athletic potential!

MARETHOUSE ATHLETIC DEVELOPMENT PROGRAM
Waiver, Indemnification and Medical Treatment Authorization Form

1. **EXCULPATORY CLAUSE:** In consideration for receiving permission for my/my child's participation in and all activities of Marethouse Athletic Development Program (herein referred to as "program"), which is sponsored by **Marethouse Fitness** (herein referred to as "sponsor"), I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, Marethouse Fitness and the Aggieland Fitness Dome, and their members, officers, servants, agents, volunteers, or employees (herein referred to as RELEASEES, or INDEMNITEES) from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me/my child while participating in such activity, while traveling to and from the activity, or while on the premises owned or leased by RELEASEES, **including injuries sustained as a result of sole, joint or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES.** I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

2. **INDEMNITY CALUSE:** I am fully aware that there are inherent risks to my child, myself and others involved with participation in any and all activities associated with **Marethouse Athletic Development Program**, and I choose to voluntarily participate/allow my child to participate in said activity with full knowledge that the activity may be hazardous to me, my child and my property, and to the person and property of others. I know of no medical reason why I/my child should not participate. **I agree to indemnify and hold harmless INDEMNITEES** from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, which may occur to myself, my child, other participants and third persons as a result of my/my child's participation in said activity, **including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of INDEMNITEES.**

3. **NO INSURANCE.** I understand that RELEASEES may or may not maintain any insurance policy covering any circumstance arising from my/my child's participation in the activity or any event related to the participation. As such, I am aware that I should review my personal insurance coverage. Organization may not carry general liability insurance to cover claims arising from this activity so it seeks a waiver of claims as additional consideration for the right to participate so organization, can, (a) provide the activity at the lowest possible cost to participants; and (b) provide access to the greater number of participants by expending limited resources on program materials rather than on liability insurance.

4. **BINDS HEIRS.** It is my express intent that this agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the state of Texas.

5. **MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER.** I understand RELEASEES cannot be expected to control all of the risks articulated in this form and RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility or any other location associated with the program, during my/my child's participation in the activity with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless INDEMNITEES for any cost incurred to treat me/my child, even if INDEMNITEE has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purpose, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me/my child while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, **including injuries sustained as a result of sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES.** I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

6. **VOLUNTARY SIGNATURE.** In signing this agreement I acknowledge and represent that I have read it, understand it, and sign voluntarily as my own free act and deed; sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for the full, adequate and complete consideration fully intending to be bound by the same, now and in the future. I understand I can choose not to sign this document and free myself and my child from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me/my child that has a lower level of risk to myself and my child. I further understand this is a voluntary, extracurricular activity. While I understand that alternative activities are available to me/my child that do not have the risks associated with this activity I still desire to voluntarily engage/permit my child to engage in this activity.

**SIGNING THIS DOCUMENT INVOLVES THE VAIVER OF VALUABLE LEGAL RIGHTS
CONSULT YOUR ATTORNEY BEFORE SINGING THIS DOCUMENT.**

SIGNED this _____ day of _____, 20_____

Participants Signature _____

Printed Name _____ Participant's Date of Birth _____

Parent/Legal Guardian Signature (if participant is under 18 yrs old) _____

Parent/Legal Guardian Printed Name (if participant is under 18 yrs old) _____

In case of EMERGENCY: Contact Name: _____ Relationship: _____

Phone Numbers(s): _____

If the participant has medical insurance please inducate:

Insurance Company: _____ Policy Number: _____

Name of Policy Holder: _____

Is the Participant Allergic to any Food or Medications? _____

Please list any special services your child may require: _____

Legal Guardian's Information

Last Name _____ First Name _____ Relation to participant _____
 Mailing Address _____ Zip Code _____
 Telephone Number: W _____ H _____ C _____

Participant's Information

Last Name _____ First Name _____ Initial _____
 Age _____ Date of Birth _____ Height _____ ft. _____ in. Weight _____ Sex ___ M ___ F
 Personal Physician _____ Phone # _____
 In Case of Emergency, Contact _____
 Address _____ Phone # _____

*******-Please Complete ALL of the PARTICIPANT'S Medical Information Below-*******

General Health **Yes No**

Have you undergone a physical examination in the last 3 years?.....

Are you on a special diet?.....

If so, what type?..... _____

Have you gained or lost more than 10 lbs. in the last 6 months?.....

Have you had an illness in the last 2 weeks?.....

Specify _____

Has your physician ever told you that:

Your cholesterol was too high?.....

Your triglycerides were too high?.....

Your uric acid was too high?.....

Have you ever had a history of the following:

Anemia?.....

Urinary Tract infections, kidney stones?.....

Jaundice/Gall Bladder problems?.....

Scarlet Fever?.....

Infectious Mononucleosis?.....

Epilepsy?.....

Dizziness or lightheadedness?.....

Other: Specify _____

Were you ever hospitalized for:

Hepatitis.....

Tuberculosis.....

Loss of consciousness.....

Stomach disorder.....

Frequent vomiting, diarrhea or constipation.....

Blood in bowel movements.....

Cancer.....

Diabetes.....

Explain _____

Cardiovascular/Circulatory History **Yes No**

Have you ever been told you have any of the following:

Heart Murmur.....

_____ Childhood _____ Recent

Rheumatic Fever.....

_____ Childhood _____ Recent

Resting Electrocardiogram.....

_____ Normal _____ Abnormal _____ Don't know

Exercise Electrocardiogram.....

_____ Normal _____ Abnormal _____ Don't know

Varicose Veins.....

How long ago? _____

Phlebitis.....

How long ago? _____

Stroke.....

How long ago? _____

High Blood Pressure.....

_____ Current _____ Past

Have you ever experienced any of the following:

Pain or tightness in the chest?.....

Palpitations or rapid beating of your heart?....

Extra or skipped heartbeats?.....

Badly swollen feet or ankles?.....

Cold hands or feet (even in warm weather)?...

Cramping pain in legs or feet?.....

Other: please specify _____

Family History of Heart Disease **Yes No**

Has anyone in your immediate family (blood relatives) had any of the following:

Family history of high blood pressure.....

Family history of diabetes.....

Documented heart disease? (please circle)

A. Under 50 years of age?

B. Between 51 and 65 years of age?

C. Over 65 years of age?

Pulmonary Respiration

	Yes	No
Have you ever experienced any of the following:		
Asthma? When _____	_____	_____
Bronchitis? When _____	_____	_____
Pneumonia? When _____	_____	_____
Lung Disease? When _____	_____	_____
Specify _____		
Difficulty breathing? When _____	_____	_____
Wheezing in chest at rest?.....	_____	_____
Shortness of breath:		
During Exercise?.....	_____	_____
At Rest?.....	_____	_____
Chronic cough?.....	_____	_____
Cough up blood?.....	_____	_____
Other? _____	_____	_____
Specify: _____		

Medications

	Yes	No
Are you currently taking ANY medication(s)?.....	_____	_____
What medication(s) is/are being taken? _____		
For what condition? _____		
What is the daily dosage? _____		
Do you take tranquilizers?.....	_____	_____
How frequently? _____		
Vitamins?.....	_____	_____
Other: Specify: _____	_____	_____
Do you frequently use non-prescribed drugs?.....	_____	_____

Soda and Caffeine

How much of the following beverages do you consume?

_____ cups of coffee per day / week

_____ cups of tea per day / week

_____ glasses of soda per day / week

Musculoskeletal/Orthopedic

	Yes	No
Have you ever had any of the following?		
Hernia or rupture?.....	_____	_____
Number of years ago? _____		
Present or recurrent lower back injury or stiffness?.....	_____	_____
Arthritis/Bursitis?.....	_____	_____
Current?.....	_____	_____
Spinal Disc Problems?.....	_____	_____
Joint Dislocation?.....	_____	_____
Ligament Strain?.....	_____	_____
Cartilage Tear?.....	_____	_____
Tendon Tear?.....	_____	_____
Intermittent Leg Cramps?.....	_____	_____
Swollen Painful Joints?.....	_____	_____
Polio?.....	_____	_____
Surgery?.....	_____	_____
please specify: _____		
Tingling or paralysis in your hands or feet?.....	_____	_____
Other?.....	_____	_____
Please specify: _____		

Exercise Patterns

	Yes	No
Do you regularly perform strenuous exercise?...	_____	_____
If yes, please list the information below:		
Activity: _____		
Time spent in activity: _____		
Number of times per week? _____		

Please discuss any other significant medical problems or issues that you consider important for us to know:
