

The EDGE Performance Training, LLC

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www.speedtrainingct.com

Client Registration

ATHLETE INFORMATION and BRIEF MEDICAL HISTORY:

Name: _____ E-Mail: _____

Address: _____ City: _____ State: ____ Zip: _____

Cell Phone: _____ HGT: ____ WGT: ____ DOB: __/__/__ Gender: M F

Injuries in the last 6 months? _____

Medical Conditions: _____

Recent Surgery? Y N If Yes, What: _____

Physician Name: _____ City: _____

PARENT INFORMATION: (if under 18)

Name: _____ Phone (Home): _____

Phone (Cell): _____ E-Mail: _____

In case of an Emergency or if parents cannot be reached, please notify:

Name: _____ Phone: _____ Phone: _____

CONSENT FORM: (If Minor, please have parent sign form)

In an emergency, I give permission for the staff at The Edge Performance Training, LLC to use their judgment in securing medical care and/or an ambulance in case of Injury or Illness or if the parents cannot be reached.

Client Signature (Parent): _____ Date: _____

Client will indemnify and hold The Edge Performance Training, LLC harmless absolutely from and against any and all claims, suits, actions, damages, costs, expenses or judgment, by reason of any actual or claimed injury to person and/or property or loss of life sustained during the term hereof.

Client Signature (Parent): _____ Date: _____

HELPFUL INFORMATION:

How did you hear about us? (Circle) Website School Coach Yellow Pages Other: _____

What sports/Activities to do you play? (Circle All that apply) Baseball Softball Football Soccer Lacrosse
Basketball Golf Tennis Track Triathlon Marathon Biking Skiing Other: _____