

SPORTS SPEED ACADEMY REGISTRATION FORM

Athletes Name

Parents Name

Address

City

State

Zip

Phone Number

Cell Number

Parent Email Address

Date of Birth

/ /

Gender

M F

Height

Weight

In Case of Emergency Contact Name/Number

Sports Athlete Plays

Football

Basketball

Baseball

Soccer

Track & Field

Other

Position

Additional Information

HEALTH AND MEDICAL INFORMATION

Do you have any medical problems? Y or N

Do you have high blood pressure? Y or N

Do have allergies? Y or N

Have you ever had Surgery? Y or N

Do you take medication? Y or N

Have you ever not been allowed to participate in sports? Y or N

Have you ever passed out during or after exercise? Y or N

Have you ever been dizzy during or after exercise? Y or N

Do you have chest pains during or after exercise? Y or N

Have you had a seizure? Y or N

Do you have a heart murmur? Y or N

Do you have a family history of heart problems? Y or N

Do you have problems breathing during or after exercise? Y or N

Have you ever had mononucleosis? Y or N

Do you have a vision problem? Y or N

Do you have diabetes? Y or N

Do you have asthma? Y or N

Do you use any special equipment (brace, pads, etc..) Y or N

Are currently receiving physical therapy care? Y or N

Any other medical condition not listed? Y or N

Please briefly explain all "Yes" answers

Photo & Video Waiver

I give permission for my child's photo to be used in any promotional material, such as brochure, website, social media outlets, or print media advertisement. Solely for the purpose of promoting Sports Speed Academy and/or Sports Speed Academy Camps & Clinics.

I give permission for my child to be video recorded for the purpose of testing and assessing athletic movement skills. I also give permission for such video recordings to be used in promotional material, such as website or social media outlets. Solely for the purpose of promoting Sports Speed Academy and/or Sports Speed Academy Camps & Clinics.

Parents Signature _____ Date ____/____/____