

RISEN PERFORMANCE

www.risenperformance.com

ATHLETE INFORMATION

Name:

Date of birth:

School:

Grade:

Address:

City:

State:

ZIP Code:

Home Phone:

Cell:

Email:

GUARDIAN INFORMATION

Name(s):

Address:

Relation:

City:

State:

Zip Code:

Home Phone:

Cell:

Email:

EMERGENCY CONTACT - IF GUARDIAN UNAVAILABLE

Name(s):

Address:

Relation:

City:

State:

ZIP Code:

Home Phone:

Cell:

Email:

INSURANCE INFORMATION (EMERGENCY ONLY)

Insurance Company:

Policy #:

Policy Holder:

Phone:

Preferred Hospital:

Address:

Phone:

Family Doctor:

Address:

Phone:

Family Dentist:

Address:

Phone:

TRAINING PURPOSE - CHECK ALL THAT APPLY

Performance /Speed Training

Volleyball Skills Training

Track & Field Training

Sport / Event:

Experience:

PAYMENT INFORMATION

Person Responsible for Payment:

Email Address for Invoicing:

Payment Amount:

Due Date:

SIGNATURES

I authorize the information provided on this form is accurate. I agree to provide payment in the amount listed above before the due date referenced. I grant permission for my child to attend the Risen Performance training facility. I verify that my child has had a physical exam in the past year and is capable of participating in the activities related to the training. Should medical treatment for my child be necessary, I hereby authorize any physician or trainer selected by Risen Performance personnel to order and conduct medical or surgical procedures necessary. I authorize the Risen Performance personnel to use their best judgment to determine if emergency medical attention is necessary. In addition, I hereby grant permission for Risen Performance to use any photography or videotape of related activities for advertizing or educational video materials.

Athlete Signature:

Date:

Guardian Signature: *(only if athlete is under 18):*

Date: