



**BE READY™**

# INTAKE FORM - YOUTH ATHLETE

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Parents Names: \_\_\_\_\_

E-mail: \_\_\_\_\_ (Used to communicate TWIST Training Info to you. If under 18 yrs, please use Parent's Email)

Date of Birth (day-mth-year): \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

How did you first hear about TWIST? \_\_\_\_\_ Referred by: \_\_\_\_\_

Sport: \_\_\_\_\_ Level: \_\_\_\_\_ Position: \_\_\_\_\_

Activities: \_\_\_\_\_

What sport, activity or goal can we help you work towards with your training at TWIST? \_\_\_\_\_

Injuries or Medical Conditions (Past or Present): \_\_\_\_\_ Date: \_\_\_\_\_

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

Allergies: \_\_\_\_\_ Asthma? \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Medical #: \_\_\_\_\_

## TWIST CONDITIONING WAIVER AND RELEASE OF LIABILITY FORM

In consideration of being allowed to participate in any way in the activities at Twist Conditioning, the undersigned acknowledges, appreciates and agrees that:

- 1) The risk of injury from the activities involved, is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and,
- 2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Twist Conditioning Inc., their owners, coaches, and/or employees, and, if applicable, lessors of the premises, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

FOR PARTICIPANTS OF MINORITY AGE (under 18 at time of registration)

This is to certify that I, as a parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

X \_\_\_\_\_ (Parent/Guardian's Signature) Date Signed: \_\_\_\_\_

