



## ATHLETE INFORMATION



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I: \_\_\_\_\_  
 Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M or F Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Have you ever trained with us? When?** \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ EMERGENCY Ph#: (\_\_\_\_) \_\_\_\_\_

Fathers Full Name: \_\_\_\_\_ Address (if different): \_\_\_\_\_

Mothers Full Name: \_\_\_\_\_ Address (if different): \_\_\_\_\_

MEDICAL INFORMATION / RISKS: \_\_\_\_\_

	Sport #1	Sport #2	Sport #3	Sport #4
School/Club Name				
Sport				
Level (V, JV, U15)				
Position				
Coach				

### FOR OFFICE USE ONLY

Level / Program: \_\_\_\_\_ Start Date: \_\_\_\_\_ Stop Date: \_\_\_\_\_  
 Date Date Date Date Date Date Date

PRE		TM		TM		Plyos		Plyos		Agility		BPedal	
WTS 1		#1		#7		#1		#7		#1		#1	
WTS 2		#2		#8		#2		#8		#2		#2	
POST		#3		#9		#3		#9		#3		#3	
		#4		#10		#4		#10		#4		#4	
		#5		#11		#5		#11		#5		#5	
Free Trial		#6		#12		#6		#12		#6		#6	

### Payment Information:

Cost of Program: \$ _____	Membership Paid: \$ _____	Amount Paid: \$ _____	Payment Date: _____ (Trainer Initials) _____	Discount: % _____
Type of Payment: Cash Check CC (Please circle one)	Wts ID: _____	Wts Roster: _____	FB   IT   AR   Pre   Post <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	



**CLIENT PROFILE**

Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

Are you currently under the care of a physician? Yes No

Would you like your trainer to contact your physician? Yes No

If Yes: Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Are you currently taking any medications? Yes No If yes, what? \_\_\_\_\_

Do you have a history of any of the following health related conditions? Check all that apply.

	Yes	No		Yes	No
Asthma, bronchitis or other respiratory problems	___	___	Arthritis	___	___
High blood pressure	___	___	Shortness of breath	___	___
Heart disease	___	___	Chest pains	___	___
Diabetes	___	___	Dizziness	___	___
Irregular heart rate	___	___	Major Injuries	___	___
Major surgeries	___	___	Smoking	___	___

Please provide an explanation if answered *Yes* to any of the above if necessary (i.e., type of surgeries or injuries and/or other medical risks not specified). \_\_\_\_\_

Has anyone in your family ever been diagnosed with any of the above conditions? Yes No

If yes, please explain \_\_\_\_\_

Do you have any other disabilities that might affect your training program? Yes No

If yes, please explain \_\_\_\_\_

Is there any other reason, NOT mentioned previously, why you should not follow an exercise program? Yes No

If yes, please explain \_\_\_\_\_

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY  
AGREEMENT (“AGREEMENT”)**

In consideration of my use of the facilities and/or services provided at Total Sports Complex and Total Performance Training Center at 30990 Wixom Road, Wixom Michigan, 48393, and Total Performance Novi at 41550 Grand River Ave, Novi Michigan, 48375, I represent that I understand the nature of this Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity.

I fully understand that this Activity involve risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inaction, those of other participants in the event, the conditions in which the event takes place, or the negligence of the “releasees” named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the Activity.

I hereby release, discharge and covenant not to sue TOTAL PERFORMANCE TRAINING CENTER, L.L.C., TOTAL SPORTS COMPLEX, TOTAL ROLLER HOCKEY, L.L.C., L.L.C, TOTAL BASEBALL, L.L.C., TOTAL SOCCER, L.L.C. and their respective administrators, directors, agents, officers, volunteers, umpires, referees and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the “RELEASEES” herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the “releasees” or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability , and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save and hold harmless each of the releasees from any loss, liability, damage, or cost which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OR LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extend allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in the full force and effect.

\_\_\_\_\_ Date: \_\_\_\_\_  
Printed name of participant

\_\_\_\_\_ Address \_\_\_\_\_  
Signature of participant

City \_\_\_\_\_ ZIP \_\_\_\_\_

E-Mail \_\_\_\_\_

**PARENTAL CONSENT**

AND I, the minor’s parent and/or legal guardian, understand the nature of the above referenced activities and the minor’s experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, or damages on the minor’s account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I , the minor or anyone on the minor’s behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim

\_\_\_\_\_ Date: \_\_\_\_\_  
Printed name of Parent/Guardian

\_\_\_\_\_ Signature of Parent/Guardian



# POLICIES



1. PAYMENT of Total Performance Training Center programs and payment of per session programs are to be **PAID IN FULL** at the time of registration prior to any testing or training. Payment plans can be arranged if necessary.
2. Our full 20-session program is designed for completion in 6 – 8 weeks on a three times per week basis to achieve the full physical and neurological benefits. Participants have a maximum of ten weeks to complete all training sessions. If training has not been completed after the “**10 WEEK RULE,**” the remainder of your training sessions will be **FORFEITED. NO EXCEPTIONS.** Longer programs have a longer completion time.
3. Cash refunds will not be given. If, at any time, an individual is unable to participate in physical activity due to an injury/illness they will receive credit which may be maintained on account until the individual is able to return to physical activity. These credits are transferable to other individuals or used towards the purchase of other services.
4. Any individual failing to show for a scheduled Total Performance Training Center session or Personal Training appointment will forfeit a paid session.
5. **Cancellations and rescheduling are to be made 24 hours in advance. Athletes canceling within 24 hours of their appointment will be charged for that appointment. Early cancellation will lessen the possibility of forfeiting a paid session.**
6. Any individual that is 5 – 15 minutes late for a scheduled appointment will receive a modified training session. This means the individual is in proper workout attire, and has performed the dynamic warm-up 15 minutes prior to their scheduled appointment time. This way our trainers can begin training promptly at the scheduled appointment time. If an individual is over 15 minutes late for an appointment they may forfeit that session.
7. We expect a positive and respectful attitude to staff members and other athletes. We also ask that you do not wear any clothing which advertises alcohol, tobacco, profanity, or any sexual connotations. Both girls and boys need to wear clothing that covers the body appropriately.

I have reviewed the Policy Form, understand the conditions, and my questions have been answered.

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

Name: \_\_\_\_\_  
(First) (M.I.) (Last)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Parent or Guardian’s Signature

# Total Performance Values & Goal Setting

1. At total performance we want to help everyone accomplish their **goals**, build **character**, teach **life skills** and we believe everyone should be **treated equally**.
2. We expect **honest communication** from the athletes. They need to tell us if they are injured, in pain, or not happy.
3. We preach **self-supervision**. Athletes are in charge of making their own appointments, coming to appointments on time, and making payments in a timely manner. Athletes are also in charge of doing the warm up, cool down and weight lifting as they were taught.
4. We also preach **sensitivity towards others**. We encourage others not make fun of them. **No profanity is allowed**.
5. We promote and encourage athletes to **set realistic, specific, and timely goals** for themselves and for the program. To be successful in attaining their daily, weekly, and monthly goals, we encourage athletes to **track the number of sessions** they complete as they go through the program. By the end of their program, athletes will have a good idea of what they specifically want to achieve in their post test.

## **GOALS**

**(1)** List three long-term goals. *Be sure to set **SMART** goals (**S**pecific, **M**easurable, **A**ttainable, **R**ealistic, and **T**imely goals)*

1. \_\_\_\_\_ 2. \_\_\_\_\_  
\_\_\_\_\_ 3. \_\_\_\_\_  
\_\_\_\_\_

**(2)** Identify and list short-term goals that will help you achieve each long-term goal. Include an ideal time frame (i.e. date) that you wish to have attained each goal.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(3)** On a scale of 1-6 (6 being the highest) rank the importance of improving:

Strength \_\_\_\_\_

Flexibility \_\_\_\_\_

Speed \_\_\_\_\_

Endurance \_\_\_\_\_

Explosive power \_\_\_\_\_

Agility/Quickness/First Step \_\_\_\_\_