



## REGISTRATION FORM

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PARENT'S NAME & SIGNATURE: (IF UNDER 18) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

List Sports You Compete in: \_\_\_\_\_

What is your Primary Sport: \_\_\_\_\_

What are your Goals: \_\_\_\_\_

MEMBERSHIP: (SEE ATTACHED LIST) \_\_\_\_\_

DISCOUNT:(IF APPLICABLE) 4 MONTH \_\_\_ 8 MONTH \_\_\_ 12 MONTH \_\_\_

### METHOD OF PAYMENT:

CREDIT CARD : VISA      MASTERCARD      DISCOVER

ACCOUNT# \_\_\_\_\_ EXP: \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_

BANK ACCOUNT#: \_\_\_\_\_ BANK NAME: \_\_\_\_\_

ROUTING# \_\_\_\_\_

I AUTHORIZE THE FUNCTIONAL ATHLETE TO CHARGE THE ABOVE ACCOUNT ON THE \_\_\_ DAY OF EACH MONTH, OR ONE TIME ON THE \_\_\_ DAY OF \_\_\_\_.

X \_\_\_\_\_

## **MEMBERSHIPS:**

1 HOUR PARTNER      1/WEEK      2/WEEK      3/WEEK      4/WEEK

30 MINUTE PARTNER      1/WEEK      2/WEEK      3/WEEK      4/WEEK

1 HOUR PRIVATE      1/WEEK      2/WEEK      3/WEEK      4/WEEK

30 MINUTE PRIVATE      1/WEEK      2/WEEK      3/WEEK      4/WEEK

1 HOUR TRIO      1/WEEK      2/WEEK      3/WEEK      4/WEEK

30 MINUTE TRIO      1/WEEK      2/WEEK      3/WEEK      4/WEEK

1 HOUR PRIVATE LARGE GROUP 3/WEEK

30 MINUTE PRIVATE LARGE GROUP 3/WEEK

CLASSES      1/WEEK      2/WEEK      3/WEEK

CLASSES – UNLIMITED MONTHLY

CLASSES IN SEASON – 12 TOTAL (ATHLETES ONLY)

**DISCLAIMER OF LIABILITY WAIVER**

THE FUNCTIONAL ATHLETE, its Owners, Directors and staff do not assume liability for any injuries incurred while en route to or from or participating in any training session or competition. As a condition of enrollment, the following Disclaimer of Liability must be signed and dated by the parents or guardians prior to any participation in THE FUNCTIONAL ATHLETE'S programs.

THE PARTICIPANT, IN ATTENDING THE FUNCTIONAL ATHLETE, IN USING THE FACILITIES AND IN PARTICIPATING IN COMPETITIONS OUTSIDE OF THE FACILITY, DOES SO AT HIS/HER OWN RISK. THE FUNCTIONAL ATHLETE, IT'S OWNERS, DIRECTORS AND STAFF SHALL NOT BE LIABLE FOR ANY INJURY OR DAMAGES SUSTAINED BY THE PARTICIPANT DURING WORKOUT/TRAINING SESSIONS OR OTHERWISE AT OR AROUND THE FACILITIES OR ARISING DURING, AT OR WITH RESPECT TO ANY COMPETITION. THE PARTICIPANT (OR IF A MINOR) THEIR PARENTS/GUARDIANS ASSUME FULL RESPONSIBILITY FOR ANY SUCH DAMAGES OR INJURIES AND SO HEREBY FULLY AND FOREVER RELEASE, EXONERATE, AND DISCHARGE THE FUNCTIONAL ATHLETE, IT'S OWNERS, DIRECTORS, OFFICERS, AND IT'S STAFF FROM ANY AND ALL CLAIMS, DEMANDS, DAMAGES, RIGHTS OF ACTION OR CAUSES OF ACTION, PRESENT OR FUTURE, WHETHER THE SAME BE KNOWN, ANTICIPATED, OR UNANTICIPATED, RESULTING FROM OR ARISING OUT OF ANY OF THE FOREGOING.

Participants Full Name ( please print ) \_\_\_\_\_

Signature of Participant \_\_\_\_\_

Signature of Parent/Guardian ( if a minor ) \_\_\_\_\_

## THE ATHLETES CREED

I \_\_\_\_\_, agree that I as an athlete will dedicate 100% of my effort both mentally and physically while participating in any and all Sports Performance sessions and competitions. I also agree to always train as if someone is always watching. To be a champion you must be willing to work as hard when no one is looking, as you are when the whole world is watching. Remember there is "NO EASY WAY". Your Training and Practices need to be intense, and you need to do everything the right way, because we compete the way we train. If we practice with no intensity we will compete with no intensity. Or in other words we play the way we practice.

Also, I will not cheat or skip reps while performing exercises because I know that I am only cheating myself. And when I need that extra strength or power to win a match or score the winning point, I will have no one to blame but myself if I or my team does not come out on top.

I understand that I can never get a wasted training session back, it is gone forever! So I will make a promise to myself to push past my breaking point each and every training session or practice from this day forward.

I know this is not a social gathering. I am here to become the best athlete I can be. Although all of my coaches want me to have fun and enjoy my workouts I will always know why I am here and understand how hard I need to work to achieve my goals and dreams in sports and in life.

Lastly, I will always be able to pass the "MIRROR TEST" because I know that I gave it everything I had each and every time I trained, practiced, or competed. And when I look in the mirror I will be able to look at myself and know deep down that I left it all out there. NO REGRETS, EVER.

\_\_\_\_\_  
Signature of TFA Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of TFA Coach

\_\_\_\_\_  
Date

## PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

1. Has your Doctor ever said you have a heart condition and that you should only perform Physical activity recommended by a doctor? Y\_\_\_\_ N\_\_\_\_

2. Do you feel pain in your chest when you perform Physical activity? Y\_\_\_\_ N\_\_\_\_

3. In the past month have experienced pain when you were not engaging in physical activity?

Y\_\_\_\_ N\_\_\_\_

4. Do you lose your balance because of dizziness or do you ever lose consciousness?

Y\_\_\_\_ N\_\_\_\_

5. Do you have a bone or Joint Problem That could worsen with physical activity?

Y\_\_\_\_ N\_\_\_\_

6. Is your doctor currently prescribing any medication for your blood pressure or a heart condition?

Y\_\_\_\_ N\_\_\_\_

7. Do you know of any other reason you should not engage in physical activity?

Y\_\_\_\_ N\_\_\_\_

**( If you answered “yes” to any of the above questions, please consult with your physician and have him/her complete a medical clearance form before engaging in any physical activity! )**

**GENERAL & MEDICAL QUESTIONNAIRE**

1. What is your current occupation?

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2. Does your occupation require extended periods of sitting? \_\_\_\_\_

3. Does your occupation require extended periods of repetitive movements? (If yes, please explain.)

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4. Does your occupation require you to wear shoes with a heel (dress shoes)? \_\_\_\_\_

5. Does your occupation cause you anxiety (mental stress)? \_\_\_\_\_

**Recreational Questions Yes No**

6. Do you partake in any recreational activities (golf, tennis, skiing, etc.)? (If yes, please explain.)

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7. Do you have any hobbies (reading, gardening, working on cars, exploring the Internet, etc.)? (If yes, please explain.)

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**Medical Questions Yes No**

8. Have you ever had any pain or injuries (ankle, knee, hip, back, shoulder, etc.)? \_\_\_\_\_

(If yes, please explain.)

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9. Have you ever had any surgeries? (If yes, please explain.) \_\_\_\_\_

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**GENERAL & MEDICAL QUESTIONNAIRE Con't**

**10.** Has a medical doctor ever diagnosed you with a chronic disease, such as coronary heart disease, coronary artery disease, hypertension (high blood pressure), high cholesterol or diabetes? (If yes, please explain.)

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**11.** Are you currently taking any medication? (If yes, please list.)

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Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of TFA Professional: \_\_\_\_\_ Date: \_\_\_\_\_