National Fitness Professionals Association
P.O. Box 1397
Bethany, Oklahoma 73008
Local: (405) 326-2222
www.nfpafitness.org

ATHLETE REGISTRATION FORM

Please Print

Athlete's Name			Gender	Parents/ Guardian Name
Date of Birth	**Age**	**Grade**	**School**	**Sport**
Address				
City		**State**	**ZIP/Postal Code**	
Athlete's Phone	**Parents/ Guardian Phone**	**Parent/ Guardian E-mail**		
Emergency Contact Name		**Emergency Contact Phone**		

ATHLETE WAIVER OF LIABILITY

I,____ , freely choose to participate in the NFPA's performance training program. In consideration of my participation in this Program, I agree as follows:

RISKS INVOLVED IN PROGRAM (inherent in this Program's activity)

I understand that participation in this Program is voluntary and I may withdraw at any time.

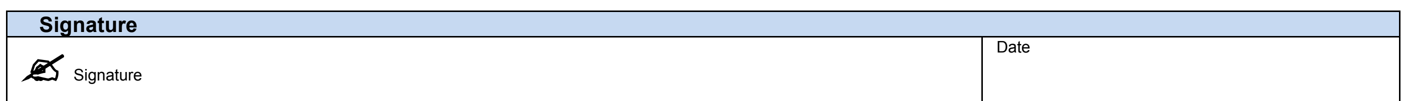
HEALTH AND SAFETY: I have been advised to consult with a medical doctor regarding any personal medical needs. There are no health-related reasons or concerns that preclude or restrict my participation in this Program, except as stated below.

____.

In case of a medical emergency occurring during my participation in this Program, I authorize, in advance, the NFPA to secure whatever treatment is deemed necessary. The NFPA may, but not obligated to, take any actions it considers to be warranted under the circumstances for the minor's health and safety. I agree to pay all expenses for such medical treatment and I release the NFPA from any liability.

ASSUMPTION OF RISK AND RELEASE FOR LIABILITY: Knowing that participation in the Program entails some risks, and in consideration of being permitted to participate in the Program, I agree to release the NFPA from any and all costs, claims, injury or illness resulting from my participation in the Program.

I acknowledge that I have read this release and waiver and fully understood its contents. I have been fully and completely advised of the potential dangers incidental to engaging in the activity and instruction of fitness training and I am fully aware of the legal consequences of signing this release. I voluntarily agree to the terms and conditions stated above.



Signature	
Signature	Date

ATHLETE PRE-PARTICIPATION PHYSICAL EVALUATION

Circle “Yes” or “No” for every question. Explain all “Yes” answers below

#	Question		
1.	Has a doctor ever denied or restricted your participation in sports for any reason?	Yes	No
2.	Do you have any ongoing medical condition?	Yes	No
3.	Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills?	Yes	No
4.	Do you have allergies to medicines, pollens, foods, or stinging insects?	Yes	No
5.	Have you ever passed out or nearly passed out DURING exercise?	Yes	No
6.	Have you ever passed out or nearly passed out AFTER exercise?	Yes	No
7.	Have you ever had discomfort, pain, or pressure in your chest during exercise?	Yes	No
8.	Does your heart race or skip beats during exercise?	Yes	No
9.	Has a doctor ever told you that you have high blood pressure?	Yes	No
10.	Has a doctor ever ordered a test for your heart? (i.e., ECG, EKG, echocardiogram)	Yes	No
11.	Does anyone in your family have a heart problem?	Yes	No
12.	Has any family member or relative died of heart problems or of sudden death before age 50?	Yes	No
13.	Have you ever spent the night in a hospital?	Yes	No
14.	Have you ever had surgery?	Yes	No
15.	Has a doctor ever told you that you have asthma or allergies?	Yes	No
16.	Do you cough, wheeze, or have difficulty breathing during or after exercise?	Yes	No
17.	Is there anyone in your family who has asthma?	Yes	No
18.	Have you ever used an inhaler or taken asthma medicine?	Yes	No
19.	Have you had infectious mononucleosis (mono) within the last month?	Yes	No
20.	Do you have any rashes, pressure sores, or other skin problems?	Yes	No
21.	Have you ever had a head injury or concussion?	Yes	No
22.	Have you been hit in the head and been confused or lost your memory?	Yes	No
23.	Have you ever had a seizure?	Yes	No
24.	Do you have headaches with exercise?	Yes	No
25.	Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?	Yes	No
26.	Have you ever been unable to move your arms or legs after being hit or falling?	Yes	No
27.	When exercising in the heat, do you have severe muscle cramps or become ill?	Yes	No
28.	Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease?	Yes	No
29.	Have you had any problems with your eyes or vision?	Yes	No
30.	Do you wear glasses or contact lenses?	Yes	No
31.	Do you wear protective eyewear, such as goggles or a face shield?	Yes	No
32.	Are you trying to gain or lose weight?	Yes	No
33.	Have you ever had an injury, like a sprain, muscle, or ligament tear or tendinitis, that caused you to miss a practice or game:	Yes	No
34.	Have you had any broken or fractured bones, or dislocated joints? If yes, indicate below:	Yes	No
35.	Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? If yes, indicate below:	Yes	No
36.	Have you ever had a stress fracture? If yes, indicate below:	Yes	No
37.	Do you regularly use a brace or assistive device? If yes, indicate below:	Yes	No
38.	Have you had any type of head trauma, including concussion, within the last 12 months? If yes, indicate below:	Yes	No
39.	Have you had any body parts affected and specify right (R) or left (L); then explain below.	Yes	No

(Head, Neck, Forearm, Wrist, Hand, Fingers, Chest, Spine/back, Hip, Thigh, Knee Calf/shin, Shoulder, Toes, Upper arm, Elbow, Ankle, Foot)

Explain all **“Yes” answers here and list answers by their corresponding numbered question:

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I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct and I agree to update information as needed based on current circumstances. Parent must sign if athlete less than 18 years old.

Signature of athlete: ______________________________ Date: ______________

Signature of parent/guardian: ______________________________ Date: ______________

Printed name of parent/guardian: ______________________________