



413 E 1st Street • Gibson City, IL 60936 • (217) 784-2045 • Fax (217) 784-2042
239 E Taft Street • Paxton, IL 60957 • (217) 379-3585
www.gibsonhospital.org

GAH Sports Medicine Student Athlete Registration

Date: _____

Name: _____
First Middle Last

Address: _____
Street # City State Zip

Date of Birth: _____ Age _____ Sex (M/F) _____

Best phone numbers and email to be reached:

Phone#1 _____ Phone#2 _____ E-mail: _____

Emergency Contact:

_____ *Name Phone Relationship*

School: _____ Team: _____ Coach: _____

What sport will you be training for? _____

What position or event? _____

What are your goals in your sport? _____

Have you been injured recently? _____ Injury Date: _____ Have you been released? **Y** or **N**

Please explain type of injury and severity: _____

Are you currently taking any medication? _____ If so, please specify: _____

Are you currently exercising? _____ If so, please explain: _____

Are you currently in a formal weight-training program? _____ If so, how many times per week? _____

Is there any condition that might limit your participation in a training program? _____ If so, please explain: _____

When does your sport season begin? _____

Desired start date: _____

How did you hear about the program? _____

Athletes registering for the program with you (*if any*). 1. _____

2. _____ 3. _____ 4. _____



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Signed: _____
Participant Parent or Legal Guardian (if participant is under 18)

Elite Performance Informed Consent

Please read the accompanying information regarding the fitness evaluation, equipment usage and equipment testing utilized in the *Elite Performance* programs. If you have any questions, please ask a GAH Sports Medicine staff member.

1. My participation is voluntary and I may withdraw from the evaluation, trial program or training program at any time. The benefits associated with my participation include, information regarding my personal state of fitness and the increase of my knowledge regarding physiology and biomechanics.
2. The testing will be performed under the direction of the GAH Sports Medicine staff.
3. I understand that this evaluation should not result in physical injury to me; however, I acknowledge the following:

In the event of physical injury of any type of severity or death resulting from my participation in the program. Including but not limited to, the evaluation procedures, equipment usage, or equipment testing, no medical treatment or monetary compensation will be provided to me by GAH Sports Medicine. I will personally be responsible for any and all costs for medical treatment.

4. I acknowledge that the GAH Sports Medicine staff is relying on all information provided by me regarding my medical history and condition before allowing me to participate in any evaluation, trial program, or training program. I certify the information provided to be true and correct.

Signature of Participant

Date

Address

Phone

I acknowledge that the participant is under the age of 18. I have reviewed the information provided and certify it to be true and correct.

I HEREBY GIVE MY CONSENT to _____ participating in the evaluation and training of the GAH *Elite Performance* Program.

Signature of Parent or Legal Guardian

Date

Address

Phone



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Elite Performance Participation Waiver

Please read the following regarding the GAH Elite Performance Program. If you have any questions, please ask a GAH Sports Medicine staff member.

1. This is a training program designed to help increase your speed and/or power during athletic events.
2. Training consists of one or more of the following high-level athletic activities: treadmill running, plyometric jumping, sprint cord running, weight lifting using free weights and Olympic style lifts, throwing cord drills, and kicking cord drills.
3. When performed correctly under the supervision of the staff, the training program is designed to be both safe and effective; however, as with all athletic activities, a risk of injury is present. Risks include, but are not limited to: musculoskeletal injury, cardiovascular complications, pulmonary complications, neurological complications.
4. For consideration of my participation in the program, I hereby acknowledge the aforementioned risks associated with my participation in the program. I, personally and on behalf of my heirs, executors or estate, hereby waive any and all claims I may have arising out of my participation in the program and shall hold harmless Gibson Area Hospital and Health Services and GAH Sports Medicine from any such claims arising out of my participation in the program.

Signature of Participant

Date

Signature of Parent or Guardian *(if participant is under 18)*

Date







Signature of GAH Sports Medicine Staff

Date



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Please read the accompanying information regarding your participation in the GAH *Elite Performance* program at GAH Sports Medicine. If you have any questions regarding the policies listed, please ask a GAH staff member.

1. Training fees are to be PAID IN FULL prior to the initial evaluation session and become NON-REFUNDABLE at that time unless negotiated.
 -  Should an injury occur during actual training in any GAH program component at the training center, the pro-rated balance of the training fee may be refunded or maintained on account for 30 days.
 -  GAH Sports Medicine staff reserves the exclusive right to refuse training to those individuals they deem inappropriate for the program. Should the GAH *Elite Performance* program be deemed inappropriate for the athlete during the course of the initial evaluation, a full refund will be made and no further visits will be scheduled.
 -  GAH *Elite Performance* programs are non-transferable and are designed to be completed in 6-12 weeks in order to obtain optimal results. The fee balance will be held on account for a maximum of 30 days. If after 30 days, training has not resumed, the remainder of the account will be forfeited unless negotiated.
 -  GAH *Elite Performance* programs are neither billable nor third party reimbursable.
2. Appointments must be scheduled 24 hours in advance. If a client would like to schedule within 24 hours, then it is at the discretion of the GAH Elite Performance Staff to approve or deny.
3. Participants must be warmed up and ready to begin training at the scheduled time. Any participant reporting 5-10 minutes after the start of training will receive a modified session to fit the time remaining in their scheduled appointment. **If an individual is more than 10 minutes late for a session, that session may be forfeited and cannot be rescheduled for another 24 hours.**
4. Cancellations and rescheduled appointments are to be made at least 24 hours in advance. Cancellations with less than 24 hours notice will be deemed a forfeiture of the training session.
 -  "No-Shows" for a scheduled training session without prior phone notification will result in forfeiture of that session. If a client is registered within an unlimited package then one day will be forfeited from their expiration date for each "No-Show".
 -  Cancellation due to weather or illness can be made up at the discretion of the GAH Elite Performance if notice is given by phone prior to the scheduled training session.

I understand and consent to the above policies.

Signature of Participant

Date

Signature of Parent or Legal Guardian (if participant is under 18)

Date



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**CONSENT TO PUBLICATION
OF PHOTOGRAPHS, VIDEO & QUOTATIONS/REMARKS**

I, _____, consent that my image, comments, and statements are authorized to be used in the Gibson Area Hospital's quarterly newsletter, website and all social media forums. I waive all rights that I may have to any claims for payment or royalties in connection with my comments. I grant this consent as a voluntary contribution in the interest of public service and knowledge.

I do consent to the use of my name in connection with the comments.

Signature: _____ Date: _____

Witness: _____ Date: _____