

STRENGTH Rx

REAL TRAINING NO GIMMICKS HARD WORK REAL RESULTS

Training Application for

STRENGTH Rx

Welcome to **STRENGTH Rx**. We offer Strength & Conditioning training for all athletes looking to improve all aspects of their sport. The sessions we offer are very challenging and continue to challenge athletes throughout their training.

Our clients are only accepted via referral from current or past clients or through their first initial training session. Your initial training session will be an evaluation on your performance, which will help us make a decision if you will be accepted into our program. We do not accept athletes who are anything less than 100 % dedicated. Only a small few are accepted here, but for those who are accepted into the program can expect their athletic success to skyrocket!

Working with athletes and watching athletes achieve their desired goals is something in which I take great pride. Getting an athlete to understand the goal of the workout leads them on the road to being in the best shape to maximize their athleticism.

If at anytime during the training you feel fatigued or any discomfort feel free to step aside a moment, if it is just to catch your breath or a needed rest. I fully understand the training is intense and can cause fatigue for some during the session. Our training will help you build the mental toughness that you may lack. I encourage all to compete at the highest level during the training to maximize the results you want. The training is offered year round for athletes. I thank you as well as commend you for attending and I know the training will be as beneficial for you as it has been for many others.

Registration Form

Name _____ Age _____ Grade _____

Birth Date _____ Gender M F

High School College Adult

Name of School Attending _____

Parent(s) _____

Phone(s) _____

Address _____ City _____ State _____

Zip Code _____

Email _____

Emergency Contact _____ Relationship _____

Phone _____

1. What is your sport of focus? _____

2. How long have you been playing sports? _____

3. List a few specific/personal goals that you want to work to accomplish?

4. Have you ever quit a sport? Yes No *If yes, please explain* _____

MEDICAL RELEASE

STRENGTH Rx is concerned with the health and well being of its athletes and those who participate in training programs with us. However, we do not provide physical examinations for any athletes or persons who train in our programs. Therefore, it is necessary for such individuals to certify that they are in adequate physical condition to participate in the training programs that are provided and to release **STRENGTH Rx** from liability for not providing medical examinations, athletic trainer's examinations or physical fitness assessments.

STRENGTH Rx urges all athletes who participate in any of our programs to have a physical examination before any of your training begins.

I (name of athlete), _____ warrant that I am in adequate physical condition for the purpose of participating in **STRENGTH Rx** training programs. I am informed that **STRENGTH Rx** and their respective trainers as well as their employees and assistants are not responsible for knowing my physical condition at this time. Further, **STRENGTH Rx** and their trainers as well as employees and assistants are not responsible for granting me medical clearance to participate in **STRENGTH Rx** training programs.

In consideration for **STRENGTH Rx** granting him/her permission to engage in said training programs, I hereby release **STRENGTH Rx** from any and all liability, claims, costs, expenses, injuries or losses that I (name of athlete), _____ may have, attributable in whole or in part to my not having been physically examined by a physician. Further, I hereby assume the risk of any and all injuries, even those that are life threatening, that occur as a result of participation in training programs with **STRENGTH Rx**.

Athlete's Name (please print) _____

Athlete's Signature _____

Date _____

Parent Signature if Under Age 18 _____

Please list any injuries / hospitalization (s) in the past year: _____

Please list any medications that you are currently taking and reason(s) for medication: _____

Training Services / Membership Agreement

I. Contact Information

Name: _____

Address: _____

Phone: _____

II. Training Commitment

In consideration of my own personal athletic needs, I (athlete's name), _____ hereby agree to enter into an agreement with **STRENGTH Rx** and agree to commit the time and energy necessary to accomplish my goals as written and reviewed by myself and **STRENGTH Rx** and / or their employees. I understand that if I do not consistently show the effort and dedication required of me, I will not be allowed to continue my training.

III. Rescheduling, Interruption of Service & Cancellation

1. Rescheduling / cancellation of any session requires a minimum of 24 hr. notice to avoid charges for that session (except in circumstances of emergencies).
2. For interruption of service, please give at least 14 days prior notification stating reason for interruption and anticipated continuation.
3. If by any reason of permanent disability the participant is unable to complete the training program, he / she shall be relieved of the obligation of making payment other than for the services performed prior to onset of disability.
4. If the athlete does not show up for 14 consecutive days with out appropriate notice, ALL sessions will be cancelled without refund.
5. If the athlete does not show consistent efforts towards training/dieting/being on time/ than he / she will be dismissed from training program.

IV. Renewal of Agreement

Participant shall have the option to renew agreement under similar or new terms within 30 days of termination of agreement. Costs for services will remain in effect for duration of agreement.

V. Guarantee of Services

Should (athlete's name) _____ not show up for a pre – scheduled, prepaid session, participant shall have the option to reschedule the missed appointment as long as 24 hr. notice has been received prior to the training session.

Photo and Video Consent Release

Some of our training sessions are recorded or photographed for our web sites and / or products. If you prefer not to be featured in our media feel free to leave blank.

I, _____, do hereby consent that any photographs, video footage, and statements taken during training may be used by **STRENGTH Rx**. These images may be used for, but are not limited to, educational and instructional materials and publication.

Signature or Parent Signature if athlete is under 18: _____

Date: _____

STRENGTH Rx urges all participants to obtain a physical examination from their physician prior to beginning any exercise program. Under certain circumstances, Coach may require a physician's approval prior to beginning their training program.

I hereby acknowledge that I have reviewed and agree to the above conditions. Any questions that I had concerning these conditions have been answered to my satisfaction.

Client Signature _____ Date _____

Parent / Guardian Signature if client is under age 18 _____

PERSONAL GOALS

1. List your **short term** goals (from today until 3 months from today):

2. List your **long term** goals (where do you see yourself in one year with all the training you dedicated yourself to?)

Terms of Membership (All memberships are 3 months in length)

Payment / Membership Options

HIGH SCHOOL ATHLETES

small group sessions

- 1 x per week (12 sessions): 3 payments of \$ 150.00 **(In Season Athletes, Combat & Police/Fire)**
 - 2 -3 x per week (24-36 sessions) : 3 payments of \$ 300.00
 - 4 x per week (48 sessions): 3 payments of \$ 400.00
- 3 x per week (12 sessions): 1 payment of \$ 480.00 **(1-month no obligation)**

1. This agreement will begin on _____ (today's date) & will expire on _____ (3 months from starting date).
2. This agreement is for **STRENGTH Rx**, to provide training services for (client name) _____.
3. (3) Months / Sessions Per Week (1 - 4): _____
4. (3) Payments & Price Per Payment: _____
5. Total Payment: _____

Payment Agreement and Schedule

Upon signing this agreement, I understand that I will be making scheduled payments to **STRENGTH Rx** for the duration of the selected term. I understand that these payments will be due the (1st) of every month and

will be made to SPF, 55 Old Clairton Road, Pleasant Hills, Pa. 15236. SPF will process those payments on behalf of **STRENGTH Rx**. I agree to pay based on the following payment schedule:

Down payment of \$ _____ to be made on the date of signing agreement. (Payment can be made by check or cash)

_____ **Payments of \$ _____ are due on the 1st of each month beginning _____, 20_____.**

of Pmnts Pmnt Amount Date First Month Yr

Down Payment:\$ _____

Amount Financed:\$ _____

Total Package Value:\$ _____

Clients name (please print): _____

Clients Signature: _____

Parents name and signature: _____

Owner Signature: _____