



703.996.3500

www.TrueAP.com

Contact Information			
First Name		Last Name	Parent Name
Street Address			
City	State	Zip Code	Gender
Home Phone	Mobile Phone	Work Phone	
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Parent Email		Athlete Email	
Birthday	School	Youth Organization (if applicable)	Primary Sport
/ /			
How Did You Hear About Us?			Referred by:

Past Health History	Yes	No
Has your doctor ever informed you that you have heart trouble?	<input type="checkbox"/>	<input type="checkbox"/>
To the best of your knowledge, do you currently have high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
Have you undergone surgery (minor or major) within the past two years?	<input type="checkbox"/>	<input type="checkbox"/>
Do you currently have a bone or joint problem that may become aggravated with strenuous exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have diabetes? If so, what type:	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any concerns about participating in a strenuous fitness program such as dizziness, fainting, chest pains, pregnancy, low back pain, smoking, current medications, etc.? If so, please explain:	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently taking any medication? If so please list:	<input type="checkbox"/>	<input type="checkbox"/>
Is there anything, not mentioned above, that we should be aware of in order for us to appropriately design a safe and productive fitness program for you? If yes, please explain:	<input type="checkbox"/>	<input type="checkbox"/>

I agree to the following terms, conditions, and policies regarding the payment policies and attendance of each party involved while I am a client of True Athlete Performance (TrueAP). This includes every season scheduled between TrueAP and myself.

- Client is required to PREPAY for all scheduled training sessions.
- A 24 hour notice of cancellation is required if a client is unable to attend a scheduled training session (emergencies will be handled individually).
- If the client, without this prior notice, misses a scheduled appointment, TrueAP will be compensated for the full amount of the training session.
_____ Initial Here
- If a TrueAP trainer, without this prior notice misses a schedule appointment, then a free session will be issued to the client.
- All payments must be made with cash, check (payable to TrueAP), or major credit card and a receipt will be issued upon request.
- All pre-paid training sessions (both individual and group) are non-refundable with the exception of medical or health complications.
Also note there is a \$25 .00 fee for all returned checks. _____ Initial Here
- I hereby authorize TrueAP for the use of photos of e taken while participating in any programs for the use of promotion or marketing only.
_____ Initial Here

As a client of TrueAP I intend to engage in strenuous physical activities. I acknowledge that these activities involve certain risks and I understand that being a part of a TrueAP program that I voluntarily assume these risks. I mean to include in the assumption of risk, the risk is of injury no matter how serious. In consideration of being accepted as a client of TrueAP, I hereby release and forever discharge TrueAP, its management, partners, agents, contractors, and employees (whether acting within the scope of their employment or not) from any claims, demands, or causes of action relating to or arising my presence or participation in a TrueAP program, which may result in injury to me or even death. I intend this release to bind my heirs, executors, assigns, administrators, personal representatives, and myself.

Client Name (Please Print)	Client Signature	Date
Parent/Guardian (Please Print)	Parent/Guardian Signature	Date

If there are any questions or concerns regarding the terms, conditions, and policies implemented by True Athlete Performance, please discuss them with one of our representatives. I fully understand and agree to the terms listed above.

Promo Code:
