

Welcome Teammate!



J4 PERFORMANCE

Name: _____

Date: _____

1. What motivated you to join us?

2. What type of games/activities/sports do you enjoy with your friends? (i.e., freeze tag, British bulldog, hockey etc.)

3. What qualities do you want/expect from us as your team leaders? (i.e., encouraging, challenging, etc.) Please list at least 1.

4. Which session would you like to attend? Please select one.

Mondays – 3:40-4:40pm @ Rycroft School Gym _____

Wednesdays – 3:30-4:30pm @ Spirit River Centennial Hall _____

5. Do you have any friends that you would like to join with? If so, please share their contact information so that we can reach out to them

6. Where do you live? Please check one of the following:

Town of Spirit River _____ Village of Rycroft _____ MD of Spirit River _____

Saddle Hills County _____ Birch Hills County _____

Informed Consent

PURPOSE AND EXPLANATION OF PROCEDURE

I hereby consent to voluntarily engage in an acceptable plan of personal/group fitness training. I also give consent to be placed in personal/group fitness training program activities which are recommended to me for improvement of health/fitness education activities. The levels of exercise I perform will be based upon my cardiorespiratory (heart and lungs), muscular fitness and mental capacity. I understand that I may be required to undergo a graded exercises test prior to the start of my personal/group fitness training program in order to evaluate and assess my present level of fitness. I will be given exact personal instructions regarding the amount and kind of exercise I should do. A professionally trained coach will provide leadership to direct my activities, monitor my performance, and otherwise evaluate my effort. I understand that I am expected to follow staff instructions with regard to exercise, stress management, and other health and fitness regarded programs. If I am taking prescribed medications, I have already, or will, inform the program staff and further agree to so inform them promptly of any changes which my doctor or I have made with regard to use of these. I have been informed that during my participation in the above described personal/group fitness training program, I will be asked to complete the physical activities unless symptoms such as fatigue, shortness of breath, chest discomfort or similar occurrences arise. At this point, I have been advised that it is my complete right to decrease or stop exercise and that it is my obligation to inform the personal fitness training program personnel of my symptoms, should any develop. I understand that during the performance of exercise, a personal/group fitness coach will periodically monitor my performance or assess my feelings of effort for the purposes of monitoring my progress. I also understand that during the performance of my personal fitness training program, physical touching and positioning of my body may be necessary to assess my muscular and bodily reactions to specific exercises, as well as to ensure that I am using proper technique and body alignment. I expressly consent to the physical contact for the stated above reasons.

RISKS

It is my understanding and I have been informed that there exists the remote possibility during exercise of adverse changes including, but not limited to, abnormal blood pressure, fainting, dizziness, disorders of heart rhythm, and in very rare instances heart attack, stroke, or even death. I further understand and I have been informed that there exists the risk of bodily injury including, but not limited to, injuries to the muscles, ligaments, tendons, and joints of the body. Every effort, I have been informed, will be made to minimize these occurrences by proper staff assessments of my condition

before each personal/group fitness training session, staff supervision during exercise and by my own careful control of exercise efforts. I fully understand the risks associated with exercise, including the risk of bodily injury, heart attack, stroke, or even death, but knowing these risks, it is my desire to participate as herein indicated.

BENEFITS TO BE EXPECTED AND ALTERNATIVES AVAILABLE TO EXERCISE

I recognize that involvement in the personal/group fitness training sessions will allow me to learn proper ways to perform conditioning exercises, use fitness equipment and regulate physical effort. These experiences should benefit me by indicating how many physical limitations may affect my ability to perform various physical activities. I further understand that if I closely follow the program instructions, that I will likely improve my exercise capacity and fitness level after a period of 1-6 months. I understand that the significance of my results will vary based on the program length that I commit to (i.e., 8 sessions compared to 24 sessions).

CONFIDENTIALITY AND USE OF INFORMATION

I have been informed that the information which is obtained in this personal/group fitness training program will be treated as privileged and confidential and will consequently not be released or revealed to any person, to the use of any information which is not personally identifiable with me for research and statistical purposes so long as same does not identify my person or provide facts which could lead to my identification. Any other information obtained, however, will be used only by the program staff to evaluate my exercise status or needs.

INQUIRIES AND FREEDOM OF CONSENT

I have read this Informed Consent form, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily, without inducement.

Participant's Name (Please Print): _____

Participant's Signature: _____

(Parent's signature if under 18 years of age)

I represent that I have legal capacity and authorize to act on behalf of the minor named herein.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____

Date: _____

Waiver of Liability for Facility Use

I/We hereby understand and acknowledge that the training, programs and events held by J4 Performance may expose me to many inherent risks, including accidents, injury, illness, or even death. I/We assume all risks or injuries associated with participation including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, and all other such risks being known and appreciated by me.

I/We hereby acknowledge my responsibility in communicating any physical and psychological concerns that might conflict with participation in activity. I/We acknowledge that I am physically fit and mentally capable of performing the physical activity I choose to participate in.

After having read this waiver and knowing these facts, and in consideration of acceptance of my participation and J4 Performance furnishing services to me, I agree, for myself and anyone entitled to act on my behalf, to **HOLD HARMLESS, WAIVE AND RELEASE** J4 Performance, its officers, agents, employees, organizers, representatives, and successors from any responsibility, liabilities, demands, or claims of any kind arising out of my participation in J4 Performance training, programs and/or events.

By my signature I/We indicate that I/We have read and understand this Waiver of Liability. I am aware that this is a waiver and a release of liability and I voluntarily agree to its terms.

Participant's Name (Please Print): _____

Participant's Signature: _____ Date: _____
(Parent's signature if under 18 years of age)

In case of emergency, contact: _____ Phone: _____

I represent that I have legal capacity and authorize to act on behalf of the minor named herein.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____

Date: _____

Health & Medical Questionnaire

Name: _____ Date of birth: _____ Date: _____

Address: _____
Street City Province Postal Code

Phone (Cell): _____ (Secondary): _____

Email Address: _____

In case of emergency, whom may we contact?

Name: _____ Relationship: _____

Phone (Cell): _____ (Secondary): _____

Personal Physician:

Name: _____ Phone: _____

Please list any medications that you are currently taking:

PRESENT/PAST HISTORY

Have you had or do you presently have any of the following? (Check if yes)

- _____ Rheumatic fever
- _____ Recent operation
- _____ Edema (swelling of ankles)
- _____ High blood pressure
- _____ Low blood pressure
- _____ Back injury
- _____ Knee injury
- _____ Seizures
- _____ Lung disease
- _____ Heart attack or known heart disease
- _____ Fainting or dizziness
- _____ Diabetes

- _____ High cholesterol
- _____ Orthopnea (the need to sit up to breath comfortably)
- _____ Nocturnal dyspnea (shortness of breath at night)
- _____ Shortness of breath at rest or with mild exertion
- _____ Chest pains
- _____ Palpitations or tachycardia (unusually strong or rapid heart beat)
- _____ Intermittent claudication (calf cramping)
- _____ Pain, discomfort in the chest, neck, jaw, arms or other areas
- _____ Known heart murmur
- _____ Unusual fatigue or shortness of breath with regular daily activities
- _____ Temporary loss of visual acuity
- _____ Short-term numbness or weakness
- _____ Cancer
- _____ Other (please explain): _____

ACTIVITY HISTORY

7. Date of your last physical examination conducted by a physician: _____

8. Do you participate in a regular fitness program or sport currently? Yes ___ No ___

If yes, please explain and/or attach your current training program / sport schedule: _____

9. What is your current level of physical activity?

Very active _____ Moderately active _____ Less active _____

10. Do you have any injuries that may interfere with physical activity? Yes ___ No ___

If yes, please explain: _____

11. What is your current body weight? _____ What was it one year ago? _____

12. How tall are you? _____

13. What is your dominant-hand? Rt _____ Lt _____

14. What's your favorite color? _____

Social Media Release

Film or digital photography, video photography, and/or audio recordings may be used for social media, marketing and professional use only. Publication of any and all recordings is at the full discretion of the participant. You have the right to refuse publication of specific and/or all photos, video and audio recordings.

_____ Yes, I agree and allow my coach to share photos, videos and/or audio recordings of my performance and progression during training sessions

_____ No, I do not agree to allow my coach to share photos, videos and/or audio recordings of my performance and progression during training sessions

I have read and understand all the social media policies listed above.

Participant's Name (please print): _____

Participant's Signature: _____ Date: _____
(Parent's signature if under 18 years of age)

I represent that I have legal capacity and authorize to act on behalf of the minor named herein.

Participant's Name (Please Print): _____

Parent/Guardian Signature: _____

Date: _____