



Office Use Only Trainer _____ Class Type _____

SPORTS PERFORMANCE WAIVER

Client Information:

Last Name _____ First Name _____ Date _____

Address _____ Birth Date _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Age _____ Male Female T-Shirt Size (please circle one)

Email _____ S M L XL XXL

If Applicable: School _____ Sports Played _____

Emergency Contact Information:

Name _____ Relationship _____

Preferred Phone _____ Other Phone _____

Physical Activity Readiness

Please list any health conditions you have that your performance coach should be aware of (including, but not limited to asthma, syncope, diabetes, high/low blood pressure, seizures, heart/lung conditions, etc): _____

MEDICAL WAIVER:

I, the above enrolled, understand that neither Rock and Armor Physical Therapy and Sports Performance, nor anyone employed by the facility will assume responsibility for accidents and/or other expenses incurred as a result of participation in this program, and regardless of location of the training program (clinic setting, court setting, field setting, etc). I attest that the above is in good health and able to participate in a vigorous athletic program. In the event of injury or illness, the facility has my permission to provide emergency first aid care and seek the appropriate care necessary.

Client's Signature _____ Date _____

If client is under the age of 18, the signature of a parent or guardian is also required.

Parent's Signature _____ Date _____

CANCELLATION POLICY:

I agree to abide by a 24-hour cancellation notice for any scheduled session. I understand I may be charged up to the full amount of service for missed sessions or for any cancellations with less than a 24-hour notice. I understand that if I arrive late, the session will end at the original scheduled time to prevent penalizing another client.

PAYMENT POLICY:

Individual Sessions: I agree that all individual and group sessions must be paid for up front prior to all training sessions. I will schedule all training sessions at Rock and Armor only after payments have been received. As noted above, I understand that we will be charged full price for all no-show sessions or late cancellations.

Classes: I understand that all individuals participating in Rock and Armor classes must enroll in monthly Auto Pay. I can do this over the phone or at our front desk. I agree that my credit/debit card will be billed monthly for that months training. In the event I/my athlete are no longer training at Rock and Armor, we understand that Rock and Armor can suspend or delete our auto pay at that time by calling Rock and Armor, or by directly speaking with them in person. Our auto pay can be re-activated at any future time for future training sessions. I understand it is our responsibility to cancel Rock and Armor auto pay, either over the phone, or in person. I agree that we will not be reimbursed for any months paid for, but not utilized.

Client's Signature _____

Date _____

If client is under the age of 18, the signature of a parent or guardian is also required.

Parent's Signature _____

Date _____



MONTHLY CLASS AUTO PAY

Athlete Name: _____ Parent Name: _____

Class: _____ Price/month: _____

Address _____

City: _____ State: _____ Zip: _____

Cell Phone _____ Email _____

Credit Card # _____ Exp _____ CVV: _____ Zip: _____

I Authorize Rock & Armor to monthly withdraw the above amount for participation in Sports Performance classes. I understand it is my responsibility to let them know when we would like to stop or suspend monthly auto payments.

Signed: _____ Date: _____

This form will be shredded for personal security after the information is entered into Rock and Armor's electronic autopay system.