



Registration Form

School/Sport: _____

Athlete's Name: _____ DOB _____

Parent's Name: _____

Employer/s: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell #: _____

Athlete's E-mail address: _____

Guardian's E-mail address: _____

Emergency contact: _____ Phone #: _____

Primary sport/position: _____ Coach: _____

Secondary sport/position: _____ Coach: _____

Goals for the CTSP Program: 1. _____

2. _____

3. _____

How did you hear about the program?

MEDICAL HISTORY FORM

QUESTIONS:

1. Will you be involved in an outside weight-training program when training with the COREY TAYLOR SPORTS PERFORMANCE Program? Yes No
2. Will you be competing in a sport when training with the COREY TAYLOR SPORTS PERFORMANCE Program? Yes No
 - a. If yes, what sport? _____; how many practices/games a week? _____
3. What physical activities have you been doing in the last 2 months? (explain)

4. Are you taking any medications and/or supplements? _____
5. Do you wish to gain or lose weight? Yes No
Why? _____
6. Has your physician advised you to avoid any types of exercise? If yes, please explain

HEALTH HISTORY:

Family History-

please check if applies to you or your family

- Asthma
- Allergies
- High Blood Pressure
- Heart Conditions
- Dizziness with exercise
- Diabetes
- Epilepsy
- Cancer
- Anemia
- Respiratory Problems
- Sudden death before 50
- Heat/Cold problems
- Other

Please explain who this affects in your family:

Musculoskeletal History-

please check if applies to athlete

- Head
- Neck
- Shoulder
- Elbow and Wrist
- Hand and Fingers
- Back
- Hip
- Knee
- Ankle
- Feet and Toes
- Fractures
- Ligament sprains
- Muscle strains

Please explain when this occurred, left or right side, and if you have any current issues with it:

The information that I provided is correct to the best of my knowledge.

Signature of Athlete

Date

Signature of Parent/Guardian

Date

Staff Notes: _____

Staff Signature _____

Date: _____

ACKNOWLEDGEMENT, RELEASE AND INDEMNIFICATION AGREEMENT

1. **ACKNOWLEDGEMENT OF RISK AND DANGER AND ASSUMPTION OF RISK**

I understand and am aware that participation in fitness programs and the use of the Corey Taylor's Performance, LLC ("CTSP") facilities, services and equipment has inherent and unanticipated and unknown risks and dangers that may cause injuries or death. I (individually and on behalf of my heirs) accept and expressly assume all risk of injury or death that may be sustained as a result of participation in a CTSP program and/or use of the facilities, services and equipment.

Signature (Participant)

Signature (Parent/guardian/conservator if minor)

2. **RELEASE AND PROMISE NOT TO SUE**

In consideration of being permitted to participate in a CTSP program and/or use the CTSP facilities, services and equipment, I (individually and on behalf of my heirs) hereby release, acquit and forever discharge CTSP, its successors and assigns, and its officers, directors, agents and employees of and from all claims, demands, actions, losses, damages, expenses and other liabilities, known and unknown, foreseen and unforeseen, now existing or hereinafter arising, of any kind resulting from or relating to participation in a Program and/or use of CTSP facilities, services and/or equipment. Further, I (individually and on behalf of my heirs) agree that I will not sue or commence any action of any kind against CTSP, its successors and assigns, its officers, directors, agents or employees. I confirm that I intend to give up all rights to assert in the future any claims, actions, losses, damages, expenses and other liabilities.

Signature (Participant)

Signature (Parent/guardian/conservator if minor)

3. **INDEMNIFICATION**

In consideration of being permitted to participate in the CTSP program and/or use the CTSP facilities, services and equipment, I agree to indemnify and hold harmless CTSP, its successors and assigns, and its officers, directors, agents and employees of and from any claims, demands, actions, losses, damages, expenses and other liability made by or on behalf of myself and/or my child/ward, or by any other third party, arising out of the participation in a CTSP program and/or use the CTSP facilities, services or equipment.

Signature (Participant)

Signature (Parent/guardian/conservator if minor)

THE UNDERSIGNED CONFIRM THAT THEY HAVE EACH READ THIS RELEASE AND INDEMNIFICATION AGREEMENT AND FULLY UNDERSTAND THAT IT IS A RELEASE OF CLAIMS.

Signature (Participant)

Signature (Parent/guardian/conservator if minor)

Printed Name

Printed Name

Address, City, State, Zip

Address, City, State, Zip

Date: _____, 20__

Date: _____, 20__

COREY TAYLOR SPORTS PERFORMANCE, LLC - PAYMENT POLICY

PROGRAM: _____
PROGRAM FEE: _____

PAYMENTS

The Program fee is to be paid in full prior to the participant's first scheduled training session. If enrolled in Year Round Training Program, the fee is \$169/month and due on the 1st of the each month, LATE after the 5th.

If a participant is authorized to postpone payment of the fee balance, the participant must provide CTSP with a signed credit card payment authorization and agree that if payment is not made, as set forth above, CTSP shall have the right to charge the credit card for the balance due.

REFUNDS

Refunds will not be given once the program has been started.

If a participant is unable to participate in his or her designated Program due to an injury, the prorated balance of the participant's Program fee may, in CTSP's discretion, be maintained as a credit on the individual's account until the individual is able to return to physical activity. **Credits shall only remain valid for a period of twelve (12) months.**

COMPLETION: SCHEDULED APPOINTMENTS

ALL participants MUST schedule ONLINE through our scheduling program. Training Sessions have a participant limit. If the session is FULL online and said participant did not schedule for the session online, he/she will not be allowed to train in the session. Any participant that fails to attend a scheduled Sports Training session will forfeit that session.

Cancellation of a scheduled appointment must be made, ONLINE, no later than twenty-four (24) hours in advance of the scheduled appointment. Failure to cancel an appointment at least twenty-four (24) hours in advance will result in the participant forfeiting that session. Two or more LATE cancellations will result in a \$25 fee for EACH incident thereafter.

Team Training

CTSP will assign days and times each week for the Team Training sessions. All athletes must train with his/her team at the scheduled day and time. Any participant that fails to attend a scheduled Team Training session will forfeit that session.

If a participant is between five (5) and fifteen (15) minutes late for a scheduled appointment, the participant will receive a modified/reduced training session. If a participant is more than fifteen (15) minutes late for an appointment, the participant will forfeit that session.

Refunds and credits will not be given for team training.

CONFIRMATION OF UNDERSTANDING

The undersigned have each reviewed the Payment Policy of Corey Taylor's Sports Performance, LLC and understand and accept the policy terms and conditions.

Signature of Participant

Signature of Parent or Guardian

Printed Name

Printed Name

Date: _____, 20__

Date: _____, 20__

PAYMENT AGREEMENT

Date: _____

Participant: _____

This will confirm that you have executed a credit card payment authorization whereby you authorize Corey Taylor's Sports Performance LLC, in the event you fail to make the required payment on or before said due date, to charge your credit card the balance due for the training program.

All other terms and conditions of your participation on the training program shall continue to apply.

Type of Credit Card: Mastercard Visa Discover

Name as appears on Credit Card: _____

Credit Card Number: _____

Expiration Date: _____

Security Code: _____

If your credit card declines for any reason a \$50.00 fee will be assessed to your account.

The undersigned has reviewed the payment plan above and understand and accept the terms and conditions.

Signature of Parent or Guardian