

Champions in Training, Inc.
PO Box 318
Ridley Park, PA 19078
Phone: (610) 550-9818
Email: info@championsintraining.com



Release of Liability / Medical History Form

I hereby release Champions in Training, its agents, employees, staff members, officers, and contractors from any claims, responsibilities, or liabilities for injuries or harm incurred as a result of my participation in any programs hereafter. In addition I release any and all other sites where programming may be held from any claims, responsibilities, or liabilities for injuries or harm incurred as a result of my participation.

I fully understand that there are inherent risks involved with movement training, weight training, sports, and related activities. Dangers include serious bodily injury, including disability, paralysis, and even death. I agree to participate with the understanding of these risks and accept and assume all responsibility for losses, costs, and damages I may incur as a result of my participation.

I hereby authorize Champions in Training, its agents, employees, staff members, officers, and contractors to take whatever action is necessary, in their best judgment, in an emergency situation. I hereby release Champions in Training, its agents, employees, staff members, officers, and contractors from any responsibility or liability as a result of such actions.

I hereby grant Champions in Training permission to use my name, parental names, pictures, or likeness in any form of advertisement. I fully renounce any and all claims for reimbursement for such use in any materials.

Please list all past injuries/surgeries that may affect your ability to participate (injury, date, surgery).

Please list any illnesses or medical conditions that may affect your ability to participate.
Please also include any medications currently taking.

I state that I am a physically healthy and able to fully participate in all activities during my training experiences with Champions in Training. I have disclosed all past injuries and medical conditions that may impact my ability to perform in such activities. I understand medical forms may be requested in order to participate if any recent injuries or illnesses require clearance from a medical professional.

I have read and agree to all the above statements and understand the risks involved with the activity I am enrolling in. I have completed all medical information truthfully and to the best of my knowledge.

Participant Name (Print)

Emergency Contact

Parent or Guardian Signature

Emergency Phone #

Date

Relationship to Participant

Champions in Training

Sports Performance Academy

Run Away From Your Competition!

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- Step 1. **Complete Client Information**
- Step 2. **Complete Class Schedule**
- Step 3. **Complete Payment Information**

Sessions

Schedule by appointment

Date(s): _____
Time: _____

Offered Year Round Personal Training Tuition Form

Client Information

Client Name: _____
Parents Name(s): _____
Address: _____
City, State, Zip: _____
Phone #: _____
Emergency #: _____
Email: _____
DOB: _____ School _____ Grade _____
Sport(s): _____

Cost

Personalized Rate TBD

Payment Information

Payment Amount _____ Check # _____ Date _____
Credit Card # _____ Exp. _____
Visa _____ Master Card _____ (Check One) CVV2 Code _____
Name of Cardholder (print) _____
Signature of Cardholder _____

of Sessions = _____