

# ACCELERATION NAPERVILLE

## *ATHLETE INFORMATION* (please print clearly)

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date : \_\_\_/\_\_\_/\_\_\_ Today's Date : \_\_\_/\_\_\_/\_\_\_

Gender: M or F

**School:** \_\_\_\_\_

**Club Team** \_\_\_\_\_

**Sport(s):** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ **Email Address :** \_\_\_\_\_

Phone: (c) \_\_\_\_\_ **Athlete Email:** \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: (\_\_\_\_\_) \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Medical Information / Risks: \_\_\_\_\_

\_\_\_\_\_

\* How did you hear about the *Acceleration Program* \_\_\_\_\_

Signed: \_\_\_\_\_ ( Athlete )

\_\_\_\_\_ ( **Parent or Guardian if athlete is under 18** )

## ATHLETE HEALTH HISTORY

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Personal Physician: \_\_\_\_\_

Date of last tetanus booster: \_\_\_\_\_

\_\_\_\_\_  
**(Signature of Parent/Legal Guardian)**

Explain "Yes" answers at end of form.

Circle questions you do not know answers to.

- |                                                                                                                               |     |    |
|-------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Have you had a medical illness or injury since your last check-up or sports physical?                                      | Yes | No |
| 2. Do you have an ongoing or chronic illness?<br>(i.e., diabetes, anemia, tendency to bruise or bleed easily)                 | Yes | No |
| 3. Have you ever been told to give up sports due to a medical problem?                                                        | Yes | No |
| 4. Have you had any hernia or kidney problems?                                                                                | Yes | No |
| 5. Have you ever had Surgery?                                                                                                 | Yes | No |
| 6. Are you currently taking any prescription or non-prescription (over-the-counter) medications or pills or using an inhaler? | Yes | No |
| 7. Have you ever taken any supplements or vitamins to help you gain or lose weight or improve your performance?               | Yes | No |
| 8. Do you have any allergies (for example, to pollen, medicine, food, stinging insects)?                                      | Yes | No |
| 9. Have you ever passed out during or after exercise?                                                                         | Yes | No |
| 10. Have you ever been dizzy during or after exercise?                                                                        | Yes | No |
| 11. Have you ever had chest pain during or after exercise?                                                                    | Yes | No |
| 12. Have you ever had racing of your heart or skipped heartbeats?                                                             | Yes | No |
| 13. Have you had high blood pressure or high cholesterol?                                                                     | Yes | No |
| 14. Have you ever been told you have a heart murmur?                                                                          | Yes | No |
| 15. Has any family member or relative died of heart problems or of sudden death before age 50?                                | Yes | No |
| 16. Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?                  | Yes | No |
| 17. Has a physician ever denied or restricted your participation in sports for any heart problems?                            | Yes | No |

- |                                                                                                                                                                                                                                  |        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| 18. Have you ever had a head injury or concussion?                                                                                                                                                                               | Yes No |
| 19. Have you ever been knocked out, become unconscious, or lost your memory?                                                                                                                                                     | Yes No |
| 20. Have you ever had a seizure?                                                                                                                                                                                                 | Yes No |
| 21. Do you have frequent or severe headaches?                                                                                                                                                                                    | Yes No |
| 22. Have you ever had numbness or tingling in your arms, hands, legs or feet?                                                                                                                                                    | Yes No |
| 23. Have you ever become ill from exercising in the heat?                                                                                                                                                                        | Yes No |
| 24. Do you have asthma?                                                                                                                                                                                                          | Yes No |
| 25. Do you use any special protective or corrective equipment or devices that are not usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)? | Yes No |
| 26. Have you ever had a sprain, strain, or swelling after injury?                                                                                                                                                                | Yes No |
| 27. Have you broken or fractured any bones or dislocated any joints?                                                                                                                                                             | Yes No |
| 28. Have you had any other problems with pain or swelling in muscles, tendon, bones or joints?                                                                                                                                   | Yes No |

If yes, circle appropriate one and explain below

Head   Elbow   Hip   Neck   Forearm   Thigh   Back   Wrist   Knee   Chest  
 Hand   Shin/Calf   Shoulder   Finger   Ankle   Upper Arm   Foot

COMMENTS TO "YES" ANSWERS

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## ATHLETE CONTRACT FOR THE ACCELERATION PROGRAM

Please  
Initial

\_\_\_\_\_ **The Acceleration Program**

During the Acceleration Program I will perform various exercises including: super treadmill workouts, plyometrics, and weight training. These three components, along with my hard work, are intended to yield excellent results through close professional supervision. The staff at the Acceleration Program will do everything it can to work with me to achieve my goals, through careful planning.

\_\_\_\_\_ **The Acceleration Program Winning Attitude**

The Acceleration Program is a high-performance results-oriented program. Therefore, the highest of expectations in attitude, discipline and respect will be held by the athlete in order to attain maximal results.

\_\_\_\_\_ **Training Fees**

Training fees are to be paid in full at the time of orientation. All training fees are non-refundable. The Acceleration Program is designed to be completed in 8 to 10 weeks. **After 90 days if the Acceleration Program has not been completed, your remaining sessions will be forfeited.** If failure to complete the program is due to competitive athletic participation, time constraints or physician advice, arrangements to extend your Acceleration Program period must be made and approved by the program director prior to the 90 day expiration date.

#### \_\_\_\_\_ **Testing**

In order for there to be consistency in our data tracking system, the final evaluation will only be performed if the athlete finishes the program in a 12 week period. This must also allow for a minimum of 3 days and a maximum of 10 days rest once the final session is performed. If 4 or more sessions are missed, final testing will not be performed.

#### \_\_\_\_\_ **Arrival Time for Scheduled Sessions**

Proper stretching and warm-up are essential to the success and prevention of injury to both the athlete and Acceleration Program. Therefore, it is mandatory that each athlete arrive at the Acceleration Facility at least 15 minutes prior to the scheduled appointment. If the athlete is less than 15 minutes prior to the session, the warm-up and flexibility exercises will still be performed, but the Acceleration session will be shortened by the amount of time the athlete is late. If previous notification is given that the athlete will be late, the appropriate arrangements may be made.

#### \_\_\_\_\_ **Training Attire**

Proper clothing must be worn to training sessions, preferably shorts, a t-shirt and running shoes. If the athlete is unable to perform a workout because of restrictions in clothing, he/she will be asked to leave and will forfeit a session. Shoes need to be provided for training only during program participation. Several reasons for this include cleanliness and protection of the equipment as well as injury prevention for the athlete.

#### \_\_\_\_\_ **Cancellation Policy**

**All cancellations will need to be made at least 24 hours in advance.** Cancellations with less than 24 hours notice or no-shows will result in the athlete being charged for a session. NO exceptions will be made to this policy.

#### \_\_\_\_\_ **Disclosures about Risks and Discomforts**

As with any rigorous exercise program, there exists the possibility of certain changes and risks during my workouts in the Acceleration Program. These Include: abnormal blood pressure, light-headedness, nausea, irregular heart beat, and in rare instances, heart attack, or stroke. Every effort will be made to minimize these abnormalities by professional observation during workouts. Trained personnel are available to deal with unusual situations, which may occur.

I hereby release Acceleration and all staff from any liability now and in the future including, but not limited to; heart attacks, muscle strains, muscle pulls or tears, broken bones, shin splints, heat prostration, knee/foot/ankle/back injuries and any other illness, soreness or injury, however caused, occurring during or after my participation in the Acceleration training programs.

In the event any party to this release brings suit to enforce or interpret any provision of this release, or is required to defend any action or proceeding, the defense to which is based upon any provision of the release, the unsuccessful party agrees to pay the prevailing party the court costs and attorney's fees actually incurred by the successful party.

All clients must have had clearance for rigorous physical activity from a physician, with a current physical in the past year. A cardiac risk factor assessment must be included for males 35 years of age and older, and females, 40 years of age and older.

\_\_\_\_\_ **Special Considerations**

During my participation in the Acceleration Program, there will be times that I will experience one on one contact with staff members. The acceleration staff will be instructing me on proper stretching which I will perform on a daily basis prior to my workout times. These stretches may be done by a staff member or another program participant.

For my safety during the treadmill workouts, I understand that an Acceleration staff member will spot me. This requires the placement of the hand in the lumbar-sacral area to stabilize my trunk and assist me as I run, especially during elevation running. I understand, and consent to, such one on one contact, as well as other training related touching or contact.

\_\_\_\_\_ **Acceleration Training Program Activity Guidelines**

I understand that the Acceleration Program involves training protocols.  
I must complete the training within 90 day, or the unused portion will be forfeited. If injury or other medical problems occur, adjustments may be made to the program.

\_\_\_\_\_ **Assumption of Risk Agreement and Release**

Incidental to the use of the facilities and equipment of Acceleration, I agree as follows:

By signing this form, I assume all risks of injury while using any equipment, facilities, or instruction at facilities of Acceleration for training and I waive any and all claims against Acceleration for training and owners and employees of it for any such claim.

I also agree to use the facilities, equipment and instruction at Acceleration Program for training as prescribed at my own risk.

\_\_\_\_\_ **Freedom of Consent**

I have read the above information and I understand the exercise procedures that I will perform, as well as the potential risk involved. I also understand that my consent to participate also gives the Acceleration staff the right to use the data, images, pictures or likenesses obtained from my participation in the Acceleration Program for research, publications, advertising and/or marketing purposes.

\_\_\_\_\_ **I consent to participate in the Acceleration Program.**

Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_