

CONTACT INFO AND HEALTH HISTORY

CONTACT INFO

(PLEASE PRINT NEATLY)

Date: _____	Athlete's Name _____
Parent's Names: _____	Age/D.O.B. _____
Parent's Names: _____	Home Phone: _____
Address: _____	
Alt Phone: _____	City, State: _____
Emergency Contact and relationship: _____	Zip Code: _____
	E-Mail address : _____
Emergency Contact Phone: _____	TEAM/Sport: _____

HEALTH HISTORY

Do you personally have a history of the following? If yes, please describe your condition in the space provided.

Heart Problems:	Yes / No	_____
High Blood Pressure:	Yes / No	_____
Respiratory Problems:	Yes / No	_____
Diabetes:	Yes / No	_____
Surgery (last 3 months):	Yes / No	_____
Any current or past injury that affects you activity level or causes discomfort: (PLEASE EXPLAIN IN DETAIL)		
	Yes / No	_____
Date of Injury:		_____
Are you on any medication:	Yes / No	_____

By signing this document, I declare that I have no known medical problems that would preclude my participation in a Program. I acknowledge that participation in a Program has inherent risks. My participation in a Program is voluntary and I assume all risk of injury or contraction of any illness or medical condition that may result, or the aggravation of any pre-existing medical condition I may have, or any damage, loss or theft of any personal property resulting or arising out of my participation in a Program. I understand and acknowledge that H.B. Consulting Group, Inc. d.b.a. The Edge Sports Training Centers, LLC, The EDGE Sports Training Centers, Wayzata, its affiliates, subsidiaries, successors, or assigns (collectively The Edge) as well as any owner, director, employee, volunteer, or intern has no expertise in diagnosing, examining or treating any medical condition, whether existing or incurred as a result of my participation in a Program.

I waive any and all claims or actions that may arise against The Edge, as a result of such injury, loss, theft, or damage to any such person including and without limitation, personal, bodily, or mental injury, economic loss or any damage to me, my spouse, my children, or guests, resulting from the negligence of The Edge or anyone else using The Edge. I agree to defend, indemnify, and hold harmless The Edge against any claims arising out of the negligent or willful acts or omissions of me, any person that is part of my group, or any guest under this agreement.

Customer Signature: _____ Date: _____

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