



**REGISTRATION FORM**  
**(SPEEDOLOGY TRAINING PROGRAM)**

(Please fill out and sign both sides of this form)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact:(name and phone) \_\_\_\_\_

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

Sport/Position Played: \_\_\_\_\_

**Please answer the following questions**

**YES**

**NO**

- |       |       |   |
|-------|-------|---|
| _____ | _____ | Do you ever have pains in your chest?                                 |
| _____ | _____ | Do you often feel faint or have spells of dizziness when working out? |
| _____ | _____ | Has a doctor ever said your blood pressure was too high?              |
| _____ | _____ | Has your doctor ever told you that you have a bone or joint problem?  |

List all medications you are currently taking – **INCLUDING SUPPLEMENTS**:

\_\_\_\_\_

List all past and present injuries: \_\_\_\_\_





**APPLIED MOVEMENT SCIENCE, Inc.**  
**(dba SPEEDOLOGY)**  
**WAIVER OF LIABILITY**

\_\_\_\_\_ (“Athlete”) acknowledges that he/she will be taking in a program of exercise and intense athletic training. The undersigned acknowledges that the athlete has undergone a complete medical examination within the last year by an independent physician who has determined that the athlete is in appropriate medical condition to participate in a program of intense exercise and athletic training activities which may include, but are not limited to jumping, running, weight lifting and other exercises.

The undersigned expressly relieves, indemnifies and holds Applied Movement Science, Inc.(dba Speedology), NSBBTC (Northshore Basketball Training Center), L.L.C., and employees of each entity harmless against any and all liability and expressly waives any potential claims, causes of action, rights of action of any type or nature from any injury, damage, harm, impairment, physical hurt of related incident, or death which may arise or be caused by Applied Movement Science, Inc. (dba Speedology) and its employees during such training program. The undersigned accepts liability of all costs not covered by the undersigned’s insurance policy.

SIGNATURE: (Parent must sign if athlete is under 18 years of age)

\_\_\_\_\_

DATE: \_\_\_\_\_