

Inquiry Form



Contact Information

Parent's Name _____ Work Phone _____
Athlete's Name _____ Cell Phone _____
Address _____ e-mail _____
City _____ Athlete's DOB _____
State _____ Athlete's Age _____
Zip _____ Athlete's Grade _____
Home Phone _____ Coach's Name _____

Sports (Please number the following: "1" for primary, "2" for secondary, etc.)

| | |
|----------------------|------------------|
| _____ Baseball | _____ Lacrosse |
| _____ Basketball | _____ Soccer |
| _____ Field Hockey | _____ Softball |
| _____ Figure Skating | _____ Swimming |
| _____ Football | _____ Tennis |
| _____ Golf | _____ Track |
| _____ Gymnastics | _____ Volleyball |
| _____ Hockey | _____ Wrestling |

Other: _____

How did you hear about us?

_____ PBI Referral _____ Newspaper Ad _____ Mailer _____ Camp _____ email _____ Website

_____ Coach Referral: Coach's Name: _____

_____ Athlete Referral: Athlete's Name: _____

_____ Physician's Referral: Physician's name: _____

Other: _____

What are your child's goals? _____ By When? _____

Has your child recently suffered any injuries? _____

Informed Consent and Waiver Acknowledgement

I, residing in the State of _____, acknowledge that I, _____ individually, have voluntarily applied to participate, or to have my child participate in the insPIRE Training Systems program. I acknowledge the risks and the potential risks of athletic training and conditioning. However, I feel that the possible benefits to me and/or my child are greater than the risks assumed.

I am aware that although insPIRE Training Systems, its officers, directors, owners and/or employees make reasonable efforts to make each athlete's training a safe and productive experience, that there are inherent risks which occur as a result of such physical activity, especially at high levels of competition.

I acknowledge that an athlete, when training, through no fault of his or her own, his or her trainer(s), or the facility may become injured for a variety of reasons that are unavoidable.

I represent that I am and/or my child is in good health and neither of us suffers from any physical impairment, which would limit my use of the insPIRE Training Systems programs, facilities or instruction. I further represent that I carry full and complete medical insurance coverage.

I acknowledge that insPIRE Training Systems has not and will not render any medical services including medical diagnosis of my physical condition, or that of my child.

In consideration of being permitted by insPIRE Training Systems to participate in its training program and to use its facilities, I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrators and/or guardian of my son/my daughter/my ward specifically agree that insPIRE Training Systems, its officers, employees and agents shall not be liable for any claim, demand, cause of action of any kind whatsoever for, or on account of death, personal injury, property damage or loss of any kind resulting from or related to my use of the facilities or participation in any athletic training, exercise or activity within or without the facility premises, and I agree to hold insPIRE Training Systems harmless from same. I hereby waive any and all claims for any and all injuries I or my child may suffer under any circumstances, including but not limited to those claims arising from the negligence of insPIRE Training Systems, its employees, agents, servants, invitees, co-members, contractors, or sub-contractors, employees or otherwise.

In additional consideration of being permitted by insPIRE Training Systems to participate in its training program and to use its facilities, I hereby permit insPIRE Training Systems to use my name, image and likeness for promotional purposes limited to its athletic training programs and facilities. The insPIRE Training Systems promotional mediums include but are not limited to print, radio, video, television and the Internet.

I acknowledge that I have read this release and waiver and fully understand its contents. I have been fully and completely advised of the potential dangers incidental to engaging in the activity and instruction of athlete training and conditioning, and I am fully aware of the legal consequences of signing this release. I voluntarily agree to the terms and conditions stated above.

Athlete's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____