



Momentum Registration Agreement 1

For office use only:

Initial program: _____

Payment amt & type _____

PLEASE FILL THIS FORM OUT COMPLETELY!

Today's date _____ Client's Age _____ Date of Birth _____ Grade _____

Who referred you to us? Friend/member: _____ Internet _____

TV _____ Newspaper _____ Radio _____ Mail _____ MO staff member _____

I, (print Client's name) _____, have voluntarily chosen to participate in a physical conditioning program under the direction of *Momentum Sport Fitness (MOMENTUM)* which will include, but may not be limited to, strength training, agility drills, speed drills, balance and stabilization exercises, anaerobic and aerobic exercise. In consideration of *Momentum's* agreement to instruct, assist, and coach me, I do hereby release and hold harmless *MOMENTUM* and their respective agents, heirs, assigns, and employees, and the Baseball Academy from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in this training program including any injuries incurred.

I also recognize that exercise might be strenuous and that there are some dangers inherent for some individuals. I acknowledge that the possibility of injury or unusual physiological changes during and post-exercise do exist such as changes in blood pressure, heart rate, fainting, heart attack, and in rare instances, disability or death.

I further recognize that an examination and permission by a physician should be obtained before participating in a physical conditioning program (Minors see below). If I have chosen to forego a physician's permission prior to beginning this program with *MOMENTUM*, I hereby agree that I am doing so at my own risk. I further submit that I am physically able to enter into this program.

For minors: As a **Minor** client under age 18, I do hereby submit I have had a physical examination within the last two years for the purpose of engaging in physical activity and/or athletics.

Print Name of Physician _____ Phone _____

List any **health/medical precautions, restrictions, medications, or allergies** that could influence the design or intensity of the program and should be available to Momentum Training Coaches:

I also acknowledge I am covered by adequate health insurance.

Company: _____ Policy # _____

I further acknowledge and agree that no warranties or guarantees have been made to me regarding the results I receive from this program. I understand the results are influenced by many variables and varies with individuals.

Client's signature **X** _____ Date _____

Note: You may appear in training photos that may be used for future technique models or promotional materials. Please indicate your permission. _____OK _____NO

Home Phone# _____ Cell# _____ Work# _____

Email (print clearly) _____

Address _____ City _____ Zip _____

Occupation/place of work _____ School _____

Print parents' names (if minor) _____

Parent's signature (if client is a minor) **X** _____

Mom cell or work phone # _____ Dad cell or work # _____

EMERGENCY contact person _____ PHONE _____

THANK YOU for joining us! Please read the following suggestions and reminders (and keep a copy) to help you get the MOst from your training efforts:

1. You will likely experience some **soreness and stiffness** during the first couple weeks. You can reduce this with light exercise and stretching on days between your appointments.
2. It's important to **schedule 2-3 sessions per week** to enable your body to adapt and improve at a comfortable pace.
3. Arrive **10-15 minutes early** so you can begin warming up on an elliptical, bike, or treadmill. This will promote blood flow, especially in the lower body. We will also show you a stretching routine you can include after warming up.
4. Wear comfortable, flexible, stable shoes and **exercise gear** (cross-training shoes are best if you have them). A sweatshirt is helpful to be sure you get warm enough, then removed if desired.
5. Keep in mind we have a 24-HR CANCELLATION POLICY. We require 24 hours notice for an appointment cancellation. While we try to be flexible in an emergency, **most cancellations less than 24 hours in advance** do not get credited or scheduled for a make-up session. **If WE FAIL** to show up or be staffed for your appointment, we owe you a make-up session *plus* another free session.
6. **If a group member misses** their group's scheduled session, that member is not credited with a make-up session or reimbursed.
7. Members may "FREEZE" their membership for medical reasons up to 3 months and keep it intact with a \$15/month fee during the medical freeze.
8. Sure-fire ways to **MAXIMIZE YOUR EFFORTS** include:
 - Attend every session! Training is like taking prescription medication – it matters if you miss a dose. The **best results** go to those who are consistent and persistent.
 - Bring a powerful attitude! **High expectations and enthusiasm** make the difference! Negative, unmotivated people will almost always underperform, and usually drop out.
 - Keep a big-picture approach! **Short cuts and quick fixes** do not bring lasting results and are often unhealthy. A long-range plan that promotes gradual improvement will develop habits and results that are lasting and healthy.
 - Stick with your program! **Follow the program** set up for you. It is designed with a purpose and pace for success. Neglecting portions or using short cuts will eventually bring frustration and lack of interest.
 - Eat smart! **Eat a small meal or snack** about an hour before training. Liquid nutrition is quickly digested. Avoid high protein before training, but ingest some shortly after. Make proper nutrition a habit, not a wish.
 - Rest adequately! **Sleep and recovery** time enables you to train intensely, avoid overtraining, and allows your body to respond and develop from your training.

MOMENTUM SPORT FITNESS LLC