



# STRIDES

Human Performance Institute

## Student Athlete Information

Last name	First Name	__M__F
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Address

City	State	Zip
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email

Date of Birth	Height	Weight
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Cell Phone #	Home Phone
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Sport(s) Playing

Sport	School/Club	Pos.	Coach
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Sport	School/Club	Pos.	Coach
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## Student Information

Current School

HS GPA	HS Graduation Year
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## Confidential Student Athlete Medical Information

Prior to beginning an exercise program, it is advised that you have had a physical exam within the past year and have physical activity clearance from a physician

Date of last physical	Doctor's Name
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Medical Conditions

Major Injuries since birth

Major surgeries since birth

Current Medications

Student Athlete Information (cont.)	
<b>Parent Information</b>	
Last Name	First Name
Cell phone	email (if different)
Alt Emergency Contact	Phone #
<b>Payment Policy</b>	<ul style="list-style-type: none"> <li>• No Refunds</li> </ul>
<b>Agreed &amp; Accepted</b> _____	
<b>Parental Consent</b>	
<p>My child is in good health and has my permission to participate in sports training. He/she has no previous illness or bodily injury that will keep him/her from participating in the sports. My child has had a physical exam by a medical professional in the past 12 months and has been cleared to participate in sports activities. Participation in any sport may cause physical injury including sprains, strains, contusions, fractures, dislocations, ruptures, hernias, lacerations, concussions and even death. I authorize the STRIDES personnel along with nurses, doctors, trainers and emergency personnel called to assist to administer First Aid or care as deemed necessary. As part of the programming at STRIDES promotional photography and video may be used at times and I understand that my son/daughter may appear in videos and photos used for future promotions of STRIDES and for the educational/evaluation process of student athletes. We, the undersigned, for ourselves, our heirs, executors and administrators, waive, release and forever discharge STRIDES, it's staff, officers, agents, representatives, employees, successors, and assigns to and from any and all rights and claims for damages to person and property activities, or while partaking in training at this site or remote sites utilized for training under STRIDES.</p>	
<i>Athlete Signature (above)</i>	<i>Date</i>
<i>Parent/Guardian Signature for minor (above)</i>	<i>Date</i>





## STRIDES STUDENT ATHLETE GUIDE & CODE OF CONDUCT

**STRIDES Human Performance Institute** presents a professional training environment for athletes of all ages. This professional approach will be demonstrated in all aspects of programming. Every athlete who participates in a STRIDES program will be expected to act in the same professional manner. Below is a Code of Conduct that we expect everyone (athletes, trainers, coaches, counselors, therapists, STRIDES staff and parents) at STRIDES to follow.

1. Respect other people and do not ridicule!
2. Respect property.
3. Clean up after yourself, including trash, clothing, etc.
4. Recycle whenever possible.
5. Be neat and clean in restrooms and changing areas.
6. No swearing.
7. No fighting.
8. The presence of alcoholic beverage is strictly prohibited.
9. The presence of illegal drugs or substances is strictly prohibited.
10. Do not steal from the facility or other athletes.
11. Respect the property outside of STRIDES and obey the established rules.
12. Be prompt to all sessions. Arriving 15 minutes early to any session is recommended, although traffic concerns are understood. If anyone is going to be late, please contact the office to notify us.
13. Parents/family are welcomed to remain within the facility during training sessions of their son or daughter, however, interference with the session is not permitted unless there is an emergency.

I understand that the purpose of the programming offered at STRIDES is to improve my capabilities in sports and academic achievement to assist in the advancement to my desired level of success. STRIDES professional staff will be providing me with valuable information and offering guidance to set and achieve goals, however it is my ability to listen, absorb, and follow directions offered and then practice on my own that will bring the desired results.

I (print name) \_\_\_\_\_ promise to arrive at sessions with a positive attitude, pay full attention to my STRIDES professional staff, respect those around me and the rules of the STRIDES facility, and devote time and effort to practice what I am taught at STRIDES at home, at school, at practice and in competition. I also agree to have a clear understanding with my parents about my goals and the path to achievement.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date