



**Training Agreement**

Date: \_\_\_\_\_

Athletes Name: \_\_\_\_\_ Parents Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

Sport: \_\_\_\_\_ Age: \_\_\_\_\_

Sessions Purchased: \_\_\_\_\_

Training Sessions Per Week: \_\_\_\_\_

Amount Down Payment: \$ \_\_\_\_\_

Payment Type: \_\_\_\_\_

Days: M\_\_Tu\_\_W\_\_Th\_\_F\_\_Sa\_\_Su\_\_ Times: \_\_\_\_\_

Program Start Date: \_\_\_\_\_ Program Expires: \_\_\_\_\_

**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 in the last three month: Yes / No \_\_\_\_\_

Any current or past injury that affects your activity level or cause discomfort: Yes / No \_\_\_\_\_  
\_\_\_\_\_

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 the Edge has no expertise in diagnosing, examining or treating any medical condition, whether existing or incurred as a result of my participation in a Program.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_