

Last Name _____ First Name _____ Middle Initial _____

Phone #1 _____ Phone #2 _____ Email _____

Address _____ Apt. # _____

City _____ State _____ Zip _____

Gender Male Female D.O.B. ____/____/____ Height _____ Weight _____

Referred By _____ How did you hear about us? _____

Emergency Contact: _____ Relationship _____ Emergency Phone: _____

POSITION	LEVEL	TEAM NAME

PROGRAM

Basketball:

- Acceleration: \$1,000
 Acceleration & Skills: \$1,200

The Beast

- Boot Camp:**
 6-week: \$540

General Conditioning:

- Acceleration: \$1,000

Running:

- Acceleration: \$1,000

Soccer:

- Acceleration: \$1,000
 Acceleration & Skills: \$1,200

Hockey:

- Acceleration: \$1,000 Hockey Mill Workouts: \$360 APEX: \$2,485
 Acceleration & Skills: \$1,200 Game-Time: \$600 APEX Pre-Collegiate: \$1,640

PAYMENT METHOD

- Amex Discover MasterCard Visa Check

Credit Card

Expiration Date /



I authorize Chelsea Piers BlueStreak to charge the above credit card for the amount due listed above.

Name (as it appears on card): _____ Signature _____ Date _____

ACKNOWLEDGEMENT AND RELEASE

I _____ (participant) a participant in the Chelsea Piers BlueStreak ("CP BlueStreak") Sports Training Program(s) ("the Program") offered by Chelsea Piers LP, do hereby understand and agree to the following:

1. Payment in full is required prior to the commencement of the first session of the Program and no cash refunds will given if I fail to complete the program. All fees are non-refundable.
2. Under CP BlueStreak's no-show policy, I understand that if I miss a scheduled training session or am ten (10) or more minutes late for a session, I will forfeit a paid session. Cancellations must be made at least one full day in advance.
3. CP BlueStreak and its employees or agents cannot guarantee or warrant that participation in the program will improve or enhance my performance or physical condition. Results may vary based on individual athletic ability and effort.
4. CP BlueStreak may collect and obtain data as a result of my participation in the Program and use such information in reports or publications. My identity may be used in adver-

tisements for CP BlueStreak, including, but not limited to, DVDs, videos, brochures, posters, signs, e-mail blasts and website programs.

5. I declare that I have no known medical problems that would preclude my participation in the Program, and the information provided to CP BlueStreak regarding my medical history and physical condition is, to the best of my knowledge, true and correct.

6. My participation in the CP BlueStreak 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. I also assume the risk of any damage, loss or theft of any personal property resulting or arising out of my participation in the Program.

7. I understand and acknowledge that CP BlueStreak has no expertise in diagnosing, examining, or treating any medical condition, whether existing or incurred as a result of my participation in the CP BlueStreak program.

I hereby, on behalf of myself, my personal representatives, heirs, executors, administrators, agents and assigns, forever

release and discharge CP BlueStreak, its affiliates, employees, agents, representatives, successors, and assigns from any and all claims or causes of action (known or unknown) that I may now have or will have in the future as a result of my participation in the Program. This waiver and release of liability includes, but is not limited to, injuries that result from my use of any exercise equipment or facilities provided by BlueStreak, and any injuries which occur on CP BlueStreak premises or equipment.

I have carefully read this waiver and release and fully understand that it is a complete release of liability, that I hereby waive any right that I may now have or will have to bring any legal action against CP BlueStreak, its employees, agents, successors or assigns, for any liabilities that may result, whether directly or indirectly, from my participation in the Program.

The provisions in this document are severable and if any provision is determined to be illegal or unenforceable, the remaining provisions and any partially enforceable provisions shall nevertheless be enforceable unless otherwise prohibited by the laws of the State of New York. CP BlueStreak's failure to enforce any remedy or provision of this document shall not be construed as a waiver of such remedy or provision.

By signing below, I acknowledge that I have carefully read and fully understand this acknowledgment and release and medical treatment agreements.

Signature _____ Print Name _____ Date _____

Start Date / / End Date / /

Member # _____ AIMS ID _____

ATHLETE INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Date of Last Physical _____ Today's Date _____

If you are a **male over 40** or a **female over 50**, the American College of Sports Medicine and the Sports Center strongly recommend a physical exam and exercise stress test before beginning an exercise program.

Primary Emergency Contact: _____ Emergency Phone: _____

Please check **all** that apply:

Medical History

- Mitral-Valve Prolapse
- Heart Murmur
- High Blood Pressure
- Asthma
- Lung Disease
- Diabetes
- Epilepsy
- High Cholesterol
- Other _____

Present Health

- Chest Pain
- Shortness of Breath
- Heart Palpitations
- Coughing on Exertion
- Unexplained Weight Loss
- Back Pain
- Swollen Stiff Joints
- Cancer
- Other _____

Family History

- Heart Attack
- High Blood Pressure
- High Cholesterol
- Diabetes
- Heart Disease
- Heart Surgery
- Cancer
- Stroke
- Other _____

1. Any surgery or chronic joint or muscular conditions we should know about? YES NO

Explain: _____

2. Are you presently under a doctor's/physician's care? YES NO

Explain: _____

3. List any medications (dosage and frequency) you currently take: _____

4. Are you pregnant or have you given birth in the last three months? YES NO

5. Do you drink alcoholic beverages at all? YES NO

If yes, check quantity that best applies: 0-2/wk 3-14/wk 14+/wk

6. Do you consume caffeinated beverages regularly? YES NO

Coffee (cups/day) _____ Tea (cups/day) _____ Soda/soft drinks (cans/day) _____

7. Do you smoke? YES NO Packs per week _____

Have you ever stopped smoking? YES NO How long ago? _____

8. Check the box below that best represents the amount of stress you experience.

No stress Mild Frequent Moderate Frequent High Constant High

9. Do you currently exercise (at least 2 times a week) YES NO

How many minutes on average do you exercise per workout? _____

10. What activities and/or sports do you participate in? _____

FOR OFFICIAL USE ONLY BP _____ / _____