



Profile Information

Player's Name: _____ DOB: ____/____/____
Sports Played: 1. _____ 2. _____ 3. _____
Organizations: 1. _____ 2. _____ 3. _____
Address: _____
City / State: _____ / _____ Zip Code: _____
Mother's Name: _____ Cell #: _____ Home #: _____
Father's Name: _____ Cell #: _____ Home #: _____
Email Address 1: _____
Email Address 2: _____
Emergency Contact (if different): _____ Cell #: _____ Home #: _____

Session Dates: _____ Amount Paid: _____ Location: Hampshire Dome / Tyngsboro Sports Center
Time: 4pm 5pm 6pm other: _____ T-Shirt Size: Youth or Adult (S / M / L / XL)

Previous Injuries

Please list any previous or current injuries below and explain

Date of Injury: _____ Details: _____
Date of Injury: _____ Details: _____
Date of Injury: _____ Details: _____

Medical Conditions

Physician & Office Phone: _____
Medications: _____
Asthma (circle one): Y N if yes, exercise induced? Y N
Allergies: _____
Other chronic or acute conditions: _____

Medical Release

The undersigned parent or legal guardian and player hereby acknowledge speed & strength training, sports participation, along with physical activity in general can cause serious injury and such undersigned hereby assume the risk of such possible injury. The undersigned also hereby agree to indemnify and hold harmless: TS Performance Training, Hampshire Hills, Hampshire Dome, Tyngsboro Sports Center, any facility/location where training is held, their directors, coaches, employees, trainers, agents, and representatives from any loss, damage, award, judgment, or other liability, however characterized, including attorney fees, resulting from injury, or damage to the property or person of the undersigned player, his or her parents, or legal guardian, resulting directly or indirectly from such player's participation in any speed, strength, and agility; sports participation; practices, games or other events.

I hereby give my permission for emergency medical attention necessary to be administered to my child _____ in the event of an accident, injury, sickness, etc. until such time as I may be contacted.

This release is given for a period of one year from the date given below. I also assume responsibility for payment of such treatment.

TS Performance Training may also use my child's picture and or video taken at clinics/camps for promotional purposes.

Parent/ Guardian Signature: _____

Date: _____

Once form is completed and signed, please mail with check made out to:

TS PERFORMANCE TRAINING

Please mail to:

Tom Labonville

20 Clarke Farm Road

Windham NH 03087

TS Performance Training 617-549 6006 tlabonville@tsperformancetraining.com www.tsperformancetraining.com