

## TRUE TRAINING REGISTRATION



PARTICIPANT'S NAME: \_\_\_\_\_  
PARTICIPANT'S AGE: \_\_\_\_\_ GENDER: male \_\_\_\_\_ female \_\_\_\_\_  
PARENT/GUARDIAN NAME(if PARTICIPANT is under 18): \_\_\_\_\_  
SPORT(S) AND LEAGUE(S) PLAYS IN: \_\_\_\_\_  
FAVORITE SPORT: \_\_\_\_\_  
COACH NAME: \_\_\_\_\_ COACH CONTACT INFORMATION (email OR cell): \_\_\_\_\_  
HOW DID YOU HEAR ABOUT US? \_\_\_\_\_  
GOALS: \_\_\_\_\_

MONTHS OF IN-SEASON: JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

MONTHS OF OFF-SEASON: JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

BEST TIME YEAR FOR TRAINING (seasons/months): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL ADDRESS OF PARENT (please print): \_\_\_\_\_

CONTACT NUMBER OF PARENT (please print): \_\_\_\_\_

CURRENT INJURIES: \_\_\_\_\_

PREVIOUS INJURIES: \_\_\_\_\_

MEDICAL (list any medical conditions): \_\_\_\_\_

HAVE YOU HEARD OF MUSCLE ACTIVATION TECHNIQUES? \_\_\_\_\_

I hereby release True Training, LLC together with its operators, assignees, employees, and advisors from any and all claims from injury or damage that may be sustained during my participation in the physical conditioning program. I hereby represent that I am in good physical health and capable of participating in such a conditioning program.

I understand the risks involved in a physical conditioning program and I will hold True Training, LLC harmless for any injury sustained while engaging in this program.

SIGN \_\_\_\_\_ DATE \_\_\_\_\_

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