



## TRAINING CAMP ENROLLMENT FORM

**DATE:** \_\_\_\_\_

**BOARDING:** Yes / No

**CAMP LOCATION:** (circle) Las Vegas / L.A. / Sarasota

**DATE(S) OF CAMP:** \_\_\_\_\_

**NAME: (Last, First, Middle):** \_\_\_\_\_

### MAILING ADDRESS:

Street: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### SCHOOL INFORMATION:

Current School: \_\_\_\_\_

Coach: \_\_\_\_\_

Email/Phone: \_\_\_\_\_

AAU Team: \_\_\_\_\_

Coach: \_\_\_\_\_

Email/Phone: \_\_\_\_\_

**PARENT'S E-MAIL ADDRESS:** \_\_\_\_\_

**ATHLETE'S E-MAIL ADDRESS:** \_\_\_\_\_

### PARENT'S PHONE:

**Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

### ATHLETE'S PERSONAL INFORMATION:

DOB: (mm/dd/yy) \_\_\_\_\_ Age: \_\_\_\_\_ Gender: (circle) Male / Female

SHIRT SIZE (circle): S M L XL 2XL

### EMERGENCY CONTACT INFORMATION:

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

**INSURANCE INFORMATION:**

Insurer's Name: \_\_\_\_\_

Insured's Name: \_\_\_\_\_

Insured's DOB: \_\_\_\_\_

Policy #: \_\_\_\_\_

Group #: \_\_\_\_\_

SS#: \_\_\_\_\_

**INSURANCE ADDRESS & PHONE:**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**RELEASE AND WAIVER OF LIABILITY**

I understand that this Release And Waiver Of Liability governs all rights and liabilities relating in any way to the receipt by me from Abunassar Impact Basketball, LLC and/or its agents of Services, as that term is defined below. I have read, understand, and agree to be bound by the terms below.

**Definitions**

“Services” shall mean any and all manner of goods and services offered by Abunassar Impact Basketball, LLC or any other Released Party to you. These services, which may take the form of training, treatment, consulting, and the like, expressly include but are not limited to: evaluations; rehabilitation; reconditioning; performance planning; performance training (including strength & conditioning training, speed & quickness training, plyometric training, and the like); recovery and regeneration training; sports nutrition consultation; supplement and nutrition provision; any consultation related to any item in this list; injury reduction and treatment; technical and tactical instruction; performance enhancement

“Training” shall mean any act, omission, or other activity required of you or carried out by you in relation to the services.

“Released Parties” shall mean all Abunassar Impact Basketball, LLC staff and employees and all related governmental entities, adidas, along with, in relation to the previously-listed respective Released Parties, all of their officers, directors, shareholders, insurers, partners, employees, employers, agents, successors, contractors, assigns, affiliates, parent corporations, affiliated corporations, and subsidiary corporations.

**Terms And Provisions**

The risk of injury from participation in sporting events and other strenuous physical activity, including Training, is significant, including the potential for permanent paralysis, other serious injury, and/or death. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS of participation in Training, including, without limitation, risk arising from or relating in any way to the condition of the facilities, equipment, fields, and surrounding premises, the actions of persons other than myself, my own actions, and travel to and from the Training. I UNDERSTAND THAT THE RELEASED PARTIES MAKE NO WARRANTIES and shall in no event be responsible or liable for the defective or dangerous condition of the facilities, equipment, fields, and surrounding premises, except to the extent such condition(s) result(s) solely from the gross negligence or intentional acts of a Released Party.

I AGREE THAT THE RELEASED PARTIES SHALL NOT BE LIABLE for any claims, demands, injuries, damages, actions, or causes of action that arise in whole or in part due to the simple negligence of the Released Parties, or any of them. FURTHERMORE, I FOREVER RELEASE AND DISCHARGE, AND AGREE TO INDEMNIFY AND HOLD HARMLESS, the Released Parties from and in relation to all claims, demands, injuries, damages, actions, or causes of action that arise from or relate in any way to my participation in the Training, other than such claims, demands, etc. that arise solely from the gross negligence or intentional acts of a Released Party I FURTHER WARRANT AND CERTIFY that I have no health conditions that would prevent me from participating safely in the Training, I have taken every reasonable act necessary to make this warranty and certification in relation to such participation, and that I am otherwise sufficiently fit and healthy to participate.

I WARRANT AND UNDERSTAND that it is my sole and personal responsibility to obtain insurance to compensate for any and all injuries which might arise from my participation in the Training, and furthermore agree to look solely to such insurance to cover losses resulting from any injuries, regardless of fault, and waive all rights of subrogation on behalf of any and all Released Parties which may now or ever exist as a result of such insurance.

IN ANY EVENT, THE LIABILITY OF A RELEASED PARTY TO ME FOR ANY REASON AND UPON ANY CAUSE OF ACTION SHALL NOT EXCEED THE AMOUNT ACTUALLY PAID BY ME TO Abunassar Impact Basketball, LLC DURING THE TWELVE MONTHS IMMEDIATELY PRECEDING MY ASSERTION OF SUCH CLAIM. THIS LIMITATION APPLIES TO ALL CAUSES OF ACTION IN THE AGGREGATE, INCLUDING, WITHOUT LIMITATION TO EQUITY, BREACH OF CONTRACT, BREACH OF WARRANTY, NEGLIGENCE, STRICT LIABILITY, MISREPRESENTATIONS, AND OTHER TORTS.

**Photo/Video Disclaimer**

Abunassar Impact Basketball, LLC has my permission to use my photograph, video and audio recordings in future publications, web pages, and other promotional materials produced. I understand the circulation of the materials could be worldwide and that there will be no compensation to me for this use.

If any paragraph, subparagraph, sentence or clause of this Agreement shall be adjudged illegal, invalid or unenforceable, the balance of the Agreement shall remain in full force and effect. This Agreement shall be construed and interpreted under Nevada law. Any lawsuit or claim arising from or relating in any way to Training, Services, and/or this Agreement shall be brought, if at all, in Clark County, Nevada.

I have read this Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily. I acknowledge that I have received valuable consideration in relation to my execution of this Agreement, which I understand to be a prerequisite to my receipt of Services. Finally, I understand that this Agreement shall be of full force and effect as to any and all Services I receive from the Released Parties, without regard to the date or timing of such service.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian – Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## INSURANCE INFORMATION

Our director of athlete recruiting will review Abunassar Impact Basketball, LLC physical therapy insurance invoicing process with you.

Physical Therapy services include, but are not limited to:

- Evaluation/Re-Evaluations
- Manual Therapy
- Joint Mobilizations
- Ultrasound
- Electric Stimulation/Biofeedback
- Therapeutic Exercise
- Range of Motion/Flexibility
- Ice/Heat
- Iontophoresis/Phonophoresis
- \*Orthotics (Athlete **will be** responsible for orthotic services/inserts **not reimbursed** by insurance company).

## CONSENT TO TREAT

I understand that I may require some form of rehabilitative or preventative treatment during my stay at Abunassar Impact Basketball. I also could be referred for rehabilitative treatment to Abunassar Impact Basketball, LLC via a self-referral or referral from a physician. In such cases, an individual treatment plan will be described for me. I understand that I have the right to ask and have any questions answered prior to receiving any treatment, including any risks or alternatives to the treatment plan that has been prescribed by my physician and/or recommended by my therapist. By signing this agreement, I consent to have Abunassar Impact Basketball provide treatment and care as necessary for rehabilitation of an injury or injury prevention.

The statements are true and complete to the best of my knowledge. I understand, fully, the payment policy and billing procedures of Abunassar Impact Basketball. I hereby authorize Abunassar Impact Basketball to furnish my insurance company(s), privately contracted medical billing provider (Platinum Medical Billing), attorney, or legal representative all information, which said parties might request concerning my present illness or injury. I hereby assign Abunassar Impact Basketball all money to which I am entitled for medical expenses related to the service reported herein, but not to exceed my indebtedness to Abunassar Impact Basketball. I certify by my signature that I have read and agree to this information.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Patient's Name (Please Print)

\_\_\_\_\_  
Guardian Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient  
(self, parent, guardian, spouse, etc.)

**PAST MEDICAL HISTORY FORM**

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Date: \_\_\_\_\_

1. Have you had an injury before?  Yes  No

If yes, please list your injuries (*most recent first*):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Check which apply to your current condition:

Athletic  Work related injury  Injury related to  
 Cause  Injury related to  Motor vehicle  
unknown falling  
 Other \_\_\_\_\_

4. Have you had a surgery related to any of your injuries?  Yes  No

If yes, please specify the date:

\_\_\_\_\_

5. Do you have, or have you had, any of the following:

	Yes	No		Yes	No
Diabetes	___	___	Hypoglycemia	___	___
Chest Pain/ Angina	___	___	Osteoarthritis	___	___
High Blood Pressure	___	___	Osteoporosis	___	___
Heart Disease	___	___	Hernia	___	___
Heart Attack	___	___	Seizures	___	___
Heart Palpitations	___	___	Metal Implants	___	___
Pacemaker	___	___	Dizziness/ Fainting	___	___
Headaches	___	___	Fractures	___	___
Kidney Problems	___	___	Surgeries	___	___
Cancer	___	___	Skin Abnormalities	___	___
Stroke	___	___	Nausea/ Vomiting	___	___
Bowel/ Bladder Dysfunction	___	___	ringing in Your Ears	___	___
Urine Leakage	___	___	Rheumatoid Arthritis	___	___
Asthma/ Breathing Problems	___	___	Smoking	___	___
Liver/ Gallbladder Problems	___	___	Other	___	___

If you answered **YES** to any of the items above, please briefly explain and give the date. Include any other pertinent information regarding your past medical history: \_\_\_\_\_

7. Do you have any allergies (including medicines or supplements)?  Yes  No

If yes, please explain \_\_\_\_\_

8. Are you presently taking any medication?  Yes  No

If yes, please list the medication and what condition it is for: \_\_\_\_\_

## CREDIT CARD INFORMATION

Name: \_\_\_\_\_

Each athlete is **REQUIRED** to have a credit card number on file. This card may be used for the following:

**Medical**                      In the event of emergency and medical services

**Purchases**                      Purchases for café food, supplements, apparel, etc.

**Balances Due**                      BALANCE DUE 10 DAYS PRIOR TO PROGRAM ATTENDANCE

### Credit Card Information

Card:                      VISA                      MASTER CARD                      AMERICAN EXPRESS

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Today's Date \_\_\_\_\_

Billing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Please mail this application to:                      Impact Basketball  
121 E. Sunset Rd  
Las Vegas NV 89119  
Attn: Tim Reinhardt