

Cardio X Training Application

Athlete Name _____ Sport: _____

Address _____ Postal Code _____

Home Phone _____ Work _____ Cell _____

Date of Birth _____ email _____

Any limiting Health Factors or Medical Conditions? No Yes If Yes, please specify

Any current injuries? No Yes If Yes, please specify

Any Allergies? No Yes If Yes, please specify

Lifestyle Circle one per question:

A) I drink a minimum of 8 glasses (250 ml) of water daily*: Always Sometimes Never

B) I eat breakfast daily: Always Sometimes Never

C) I make a conscious effort to eat healthy: Always Sometimes Never

D) I get 7-8 hours of sleep per night: Always Sometimes Never

E) I am highly motivated: Always Sometimes Never

*Dietary reference intake (DRI) for water as established by the Food and Nutrition Board of the Institute of Medicine is 3.7 litres of water daily for men (19-50 years) and 2.7 litres for women (19-50 years).

In case of emergency please provide two contact names and phone numbers.

1. _____ 2. _____

Which areas of the Sport/Fitness do you want improve? (Circle all that apply)

SPEED/QUICKNESS STAMINA/ENDURANCE BALANCE/AGILITY

STRENGTH WEIGHT LOSS IMPROVED FITNESS ALL OF THE ABOVE

Release: The undersigned being the parent or legal guardian of the child listed above or are at least 18 years of age, do hereby remise, release, and forever discharge Cardio X Training, including Scott Cardno and its agents and employees or volunteers from all manner of action, causes of action, claims or demands in law or in equity which we may hereafter have for and cause, matter of thing and particular by reasons of injuries suffered by the said applicant, by reason of an accident or illness occurring during Cardio X Training programs or other events and programs sponsored or conducted by Cardio X Training or Scott Cardno. I further consent to Scott Cardno and Cardio X Training using any pictures taken of the child/athlete listed above, at this program for marketing and promotional purposes without any charge. I understand that by completing this form, Cardio X Training or Scott Cardno is collecting certain personal information about my child, me and other members of my family (including if necessary my Manitoba Health Service registration number and any medical conditions experienced by my child). I also understand this information will be used only for the purposes of administrating Cardio X Training development and instructional programs. I hereby consent to such collection, use and disclosure of this personal information. I have read and understand this release.

Signature of Parent of Legal Guardian(or 18 years of age)

Date: _____ Revised Sept. 30/2012