

PERSONAL PROFILE

First Name _____ Last Name _____

Parent/Guardian Name _____ Email _____

Address: _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

DOB _____ Age _____ Gender: M F

Emergency Contact _____ Emergency Contact Phone _____

How did you hear about NOST? _____

Please allow 24 hours if you need to cancel or reschedule your training session

Player Info

School: _____ Grade: _____ Graduation Year: _____

(For high school players)

Height _____ Weight _____

Sport/s: _____

Primary Position Played: _____

Number/s: _____

What are your favorite activities? _____

Athletically, how would you like to improve? _____

What are the best days during the week for you to commit to your training program?

M T W Th F Sat Sun

What are the best times for you to train? Morning Afternoon Evening

Goal Setting

What is your primary goal? _____

How can NOST help you? Please circle all that apply:

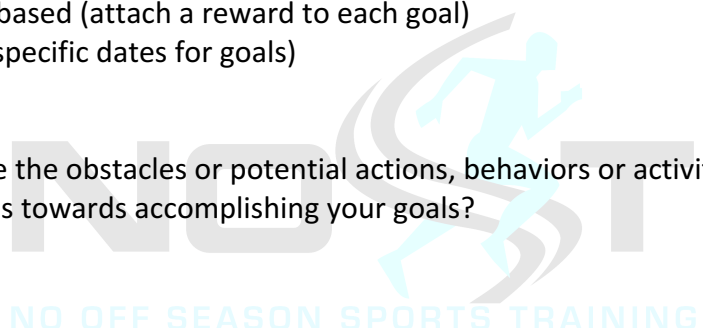
Lose Body Fat Gain Weight Develop Muscle Tone Reduce Stress
Motivation Nutrition Advising Sports Specific Training Fun

Other _____

In order to increase your chances of being successful at achieving your goals, ensure your goals are "SMART"

- S= Specific (provide details, how long, how much, etc)
- M= Measurable (how will you measure when you've reached your goals)
- A= Attainable (be realistic, set smaller goals)
- R= Rewards- based (attach a reward to each goal)
- T= Time (set specific dates for goals)

List what you feel are the obstacles or potential actions, behaviors or activities that could impede your progress towards accomplishing your goals?



All information received on this form will be kept confidential. Please fill out completely and accurately.

MEDICAL HISTORY

List any current health problems _____

Current Medications _____

Do you have Asthma? Y N

Allergies? _____

List any previous injuries _____

IMPORTANT: THIS DOCUMENT CONTAINS A WAIVER AND RELEASE OF POTENTIAL LEGAL CLAIMS FOR PERSONAL INJURY AND/OR PROPERTY DAMAGE. PLEASE READ IT CAREFULLY BEFORE SIGNING.

1. Assumption of Risk. The undersigned understands that there are risks of injury in connection of participation in training (including, without limitation, the use of equipment, running, weight lifting, drills and fitness activities), and acknowledges that he/she voluntarily assumes and accepts those risks. The undersigned warrants and represents that his/her physical condition is sufficient for his/her participation in training activities.
2. Release. In consideration for being permitted to participate in training, the undersigned, on behalf of himself and his heirs, beneficiaries, personal representatives, successors and permitted assigns, hereby forever unconditionally releases, agrees not to sue, and discharges NOST, of their respective general partners, members, managers, officials, officers and directors, affiliates, contractors, agents and employees (collectively, the "NOST Parties") from all claims of any kind for injury or damage arising out of, or in any way related to any or omission on the part of the undersigned or any other person participating in training and to release NOST Parties from all claims of any kind that may in any way be connected with, or arise out of, his/her participation with training.
3. Personal Property. NOST do not assume any responsibility for theft, loss, or damage of personal property occurring at any time during the undersigned's participation while training.
4. Photo Release. I grant permission to NOST the right to use, reproduce, and/or distribute photographs and/or videotapes of myself and/or my child engaging in NOST Training activities, without compensation or approval rights, for use in printed materials and website content created for purposes of marketing and promoting the programs and activities of NOST.

I, the undersigned, have read, understand and will comply with the foregoing agreement

Print Name of Participant

Signature

Date

Print-Guardian of Participant (if under Age of 18)

Guardian Signature

Date

