



REGISTRATION PACKET

Registration Forms & Training Agreement

Mail to:

Hammer Training Academy
934 Massachusetts Ave
Cambridge MA 02139

(401) 663 5889
(617) 899-5636

www.hammeracademy.com
Info@hammeracademy.com

Print Name: _____ Sport(s): _____

School/Team: _____ Start Date: _____

Training Days/Times: _____



RISK FACTOR QUESTIONNAIRE & AGREEMENT

Name _____

Phone (home) _____ (work) _____ (cell) _____

Age _____ Birth date _____

Yes No

Have you ever had, or has your doctor ever diagnosed you as having, heart trouble or coronary disease?

- • **Have you had any illnesses, hospitalization, or surgery (major or minor) within the past two years?**

If yes, please list: _____

- • **Do you have diabetes? If yes, what type? _____**

Do you have concerns about participating in a strenuous exercise program such as smoking, age, weight, pains in heart/chest, fainting, dizziness, current medications, pain in knees or back, pregnancy, etc.?

If yes, please explain: _____

Are you taking any medications (prescription or over-the-counter, including dietary supplements)?

If yes, please list: _____

Resting EKG: _____

Total cholesterol/HDL ratio: _____

Blood Pressure (mm/hg): _____

Heart Rate (pulse): _____

Date of last physical examination and results: _____

I _____ acknowledge that entering into a fitness program is designed to improve my personal fitness. I understand that in undertaking this Hammer Training Academy Program administered through the Sport & Health Clubs, some risk may be involved as in any activity, and I fully assume that risk.

I understand that any fitness evaluation performed by an Hammer Training Academy employee is not a substitute in any way for a diagnostic evaluation by my physician and is solely used as a means to establish baseline fitness parameters in order to develop my sports specific fitness program. I agree to consult my physician for further evaluation and such medical care, as I require.

I have read and understand this form and the program it described, and I do voluntarily request the right to participate in the program. I do hereby discharge, release, and hold harmless Hammer Training Academy, the Sport & Health Clubs, its owners, employees, and agents from any and all liability for damages resulting from injury by participating in the Hammer Training Academy Program.

Athlete (please print)

Athlete's Signature

Date

Parent/Guardian (please print)

Parent/Guardian's Signature

Date

Hammer Training Academy Representative

Date



ATHLETE QUESTIONNAIRE

1. Have you ever participated in Hammer Training Academy before? If yes, how would you rate the program?
2. Please describe what you expect to achieve by participating in Hammer Training Academy?
3. What exercise program or other activities are you currently participating in?
4. Please list any illness, injury, hospitalization or surgical procedure within the past 2 years.
5. Are there any additional physical limitations (not already listed) that we should be aware of?
6. Please tell us about your nutritional habits.

I _____ acknowledge that entering into a fitness program is designed to improve my personal fitness. I understand that in undertaking this Hammer Training Academy Program administered through the Sport & Health Clubs, some risk may be involved as in any activity, and I fully assume that risk.

I understand that any fitness evaluation performed by an Hammer Training Academy employee is not a substitute in any way for a diagnostic evaluation by my physician and is solely used as a means to establish baseline fitness parameters in order to develop my sports specific fitness program. I agree to consult my physician for further evaluation and such medical care, as I require.

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Athlete (please print)

Athlete's Signature

Date

Parent/Guardian (please print)

Parent/Guardian's Signature

Date



HAMMER TRAINING ACADEMY TRAINING AGREEMENT

I (hereafter called the "athlete") hereby agree to take part in the Hammer Training Academy Training Program.

ATHLETE INFORMATION

Name: _____
Last First Middle

Phone: (H) _____ (W) _____ (C) _____

Age _____ Birth date _____

E-Mail: _____

Address _____
Number Street

City State Zip

CREDIT CARD INFORMATION* (required): _____

Exp. (mo./year): ___ / ___ Signature * _____

Session Length _____ Camp Start Date _____

Total Price _____ Paid in Full : _____ (5% off)

or

Deposit _____ Due _____ Payment #1 _____ Due _____

of Sessions _____ Payment #2 _____ Due _____

Payment #3 _____ Due _____

*Hammer Training Academy will not bill your credit card unless, (1) you give authorization or (2) payment is over 15 days late.

COMPLETE PAYMENT DUE NO LATER THAN TWO WEEKS FOLLOWING CAMP START DATE.

The program starts on the date set by both the athlete and trainer(s). The total program fee consists of 1) Evaluation and 2) Training package option.

- 1) **EVALUATION** – An evaluation consisting of sports specific fitness values; speed, quickness, agility, flexibility, muscular endurance, and core stability, will be assessed to determine the base fitness level and allow the trainer(s) to establish a successful and efficient training regimen.
- 2) **HAMMER TRAINING ACADEMY TRAINING COSTS** – Program costs vary depending on the size of the class and the program agreed upon by the athlete. The athlete agrees to a TRAINING PACKAGE COST of \$ _____ / _____ session(s). **Training Packages are non-refundable.**

Fees for Hammer Training Academy are agreed for payment prior to the start of the training program. Payments can be made with cash or check (payable to Hammer Training Academy) or we accept Visa, Mastercard, AMEX and Discover credit cards. Sessions will be started within six months of date of purchase. Athlete agrees to complete sessions within a 3-month period from start of first session or sessions will be automatically canceled.

CANCELLATION POLICY

Athlete agrees in the event of a need to cancel a scheduled session the athlete must provide 24 HOURS advance notice to the training staff. Failure to do so will result in the athlete being charged for the scheduled session.

By athlete signature below, athlete hereby agrees to the terms and conditions stated above and acknowledge receipt of a fully completed copy of this agreement. **(Athletes under the age of 18 must obtain parent signature.)**



Signed: _____
Athlete Date

Parent Date

Trainer Date

Director Date



