



# CLIENT INTAKE FORM

Athlete's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Athlete's Mobile Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_

Carrier:  Verizon  AT&T  Sprint Other \_\_\_\_\_

Athlete's Email Address: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Primary Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_

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

Primary Physician: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_

Physical Therapist: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_

Orthopedist: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_

Who can we thank for sending you to us? \_\_\_\_\_

*C4 Performance Training, LLC may automatically charge my account as needed for unpaid visits.*

YES, C4 may charge automatically  NO Initials: \_\_\_\_\_

## Credit Card Information (Visa and Master Card Only)

Card # \_\_\_\_\_ Expiration \_\_\_\_\_

Print Name \_\_\_\_\_ CSC# \_\_\_\_\_ Zip: \_\_\_\_\_



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# PAST MEDICAL HISTORY

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

Are you presently working?  Yes  No

Date of next physician's visit: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of injury/ onset: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Have you ever had these symptoms before?  Yes  No

Check which apply to your symptoms:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Work related injury    | <input type="checkbox"/> Recurrence of previous injury  | <input type="checkbox"/> Injury related to falling |
| <input type="checkbox"/> Motor Vehicle Accident | <input type="checkbox"/> Injury related to lifting      | <input type="checkbox"/> Other                     |
| <input type="checkbox"/> Cause unknown          | <input type="checkbox"/> Athletic/recreational activity |  |

Have you had a related surgery?  Yes  No

Do you have, or have you had any of the following?

	Yes	No		Yes	No
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Allergies to Aspirin	<input type="checkbox"/>	<input type="checkbox"/>
Chest Pain/Angina	<input type="checkbox"/>	<input type="checkbox"/>	Allergies to Heat	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Allergies/Poor tolerance to cold	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	Other Allergies	<input type="checkbox"/>	<input type="checkbox"/>
Heart attack	<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>
Heart Palpitations	<input type="checkbox"/>	<input type="checkbox"/>	Seizures	<input type="checkbox"/>	<input type="checkbox"/>
Pacemaker	<input type="checkbox"/>	<input type="checkbox"/>	Metal Implants	<input type="checkbox"/>	<input type="checkbox"/>
Headaches	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness/Fainting	<input type="checkbox"/>	<input type="checkbox"/>
Kidney Problems	<input type="checkbox"/>	<input type="checkbox"/>	Recent Fractures	<input type="checkbox"/>	<input type="checkbox"/>
Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	Surgeries	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Skin Abnormalities	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	Sexual Dysfunction	<input type="checkbox"/>	<input type="checkbox"/>
Bowel/Bladder abnormalities	<input type="checkbox"/>	<input type="checkbox"/>	Nausea/Vomiting	<input type="checkbox"/>	<input type="checkbox"/>
Urine Leakage	<input type="checkbox"/>	<input type="checkbox"/>	ringing in your ears	<input type="checkbox"/>	<input type="checkbox"/>
Asthma/Breathing Difficulties	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatoid Arthritis	<input type="checkbox"/>	<input type="checkbox"/>
Liver/Gallbladder Problems	<input type="checkbox"/>	<input type="checkbox"/>	Special Diet Guidelines	<input type="checkbox"/>	<input type="checkbox"/>
Smoking	<input type="checkbox"/>	<input type="checkbox"/>	Hypoglycemia	<input type="checkbox"/>	<input type="checkbox"/>
Stroke/CVA	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____		

If yes on any of the above, please briefly explain and give approximated date:


Is there any other information regarding your past medical history that we should know about?


Are you presently taking any medication?  Yes  No

If yes, please list what medications and for what condition:




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# PAIN CHART

Please indicate below where your symptoms are located.

The diagram consists of two line drawings of a human body. The left drawing is a front view, with 'RIGHT' labeled above the left side of the image and 'LEFT' labeled above the right side. The right drawing is a back view, with 'LEFT' labeled above the left side of the image and 'RIGHT' labeled above the right side. To the right of the back view is a 'KEY' box containing the following information:

KEY:	
Numbness	== == ==
Pins & Needles	o o o o
Burning Pain	* * * *
Stabbing Pain	////

If you are having pain, please rate the intensity of your pain on a scale of 0-10, with 0 being no pain and 10 being the worst pain possible (circle):

0 1 2 3 4 5 6 7 8 9 10

Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# MEMBERSHIP AGREEMENT

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## POLICIES AND RULES:

1. A session consists of speed, strength / power, quickness, stretching/ flexibility, and agility training.
2. Each session will last between 45 minutes for to 55 minutes depending on type of session.
3. All sessions have an expiration date from the time of purchase (e.g. a 3-month membership will expire after 3 months)

Athletes are to meet in C4 welcome desk 10-15 minutes prior to their scheduled training sessions. Athletes must check in with administrator, and make sure they are signed in for the day. Athletes will only be allowed access to C4 during designated training days and times and must be accompanied by a C4 coach always.

## CANCELLATION POLICY

If you wish to cancel a class, please let coaches know at least 24 hours before hand; this will free up space for another client to attend if you cannot make it.

*(continued on next page)*



# MEMBERSHIP AGREEMENT

(Continued)

## ASSUMPTION OF RISK

\_\_\_\_\_ assumes any responsibility of and / all / personal injury / damage that may be attributed to a program of physical exercises. I accept responsibility for requesting exercise assistant at C4. To my knowledge, I do not have any limiting physical condition or disability, which would interfere with an exercises program. I have been informed of the need for a physician’s approval prior to participating in any exercise program. I am aware of the effect that taking any drugs or medications, including, but not limited to, alcohol, diet pills, cold medicine, tranquilizers, antidepressants, caffeine, beta blockers, diuretics, and anti-hypertensives, may have on exercises, especially heart rate, and I have discussed this with my doctor. I agree to hold C4 employees, owners, and officers harmless from any and all injuries that may occur.

I agree to pay \$ \_\_\_\_\_ for the services of C4 upon signing this agreement which entitles me to \_\_\_\_\_ months of training at C4.

**I understand that I may cancel this contract without penalty or obligation within three (3) business days from the date of signing by giving written notice by mail or in person at C4 in which case I will be entitled to a full refund of any unused sessions.**

Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# MEDIA RELEASE FORM

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I, \_\_\_\_\_, hereby grant permission to C4, its affiliates and agents, to use my image, likeness, and / or voice as captured by audio, video, or photographs. I understand that this media may be edited, published, and distributed on multiple platforms, including but not limited to, print, web, social media, radio, or television, and I waive the right to inspect or approve the final product wherein my likeness appears. Additionally, I waive any rights, now or in the future, to royalties or other compensation arising or related to the use of my likeness.

Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If this release is obtained from a parent / guardian of an Athlete under the age of 18, the parent of legal guardian's signature is also required

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If you do not consent to your likeness (or your child's) appear in any C4 related media, please check this box:**

**At this time, I do not consent for C4 to photograph, video, or record audio of \_\_\_\_\_ for public promotional purposes.**

*Please note that the C4 curriculum uses video cameras to capture Athletes during their exercise sessions for the purpose of coaching and improvement. These coaching videos will remain private and will not be used for promotional purposes unless you sign the Media Release Form above.*



# SOCIAL MEDIA

If you consent to the Media Release Form, C4 will be taking photos and videos of you and your friends during your training sessions, and we want you to share your increased performance results with your friends! Of course, there are incentives to sharing, so the more you share, the more you can win!

Please give us your usernames so we can tag you in a post:



www.facebook.com/\_\_\_\_\_

*like us on Facebook - **www.facebook.com/c4performance***



\_\_\_\_\_

*follow us on Instagram - **c4performance***



@\_\_\_\_\_

*follow us on Twitter - **@c4performance***



# BULLYING AND HARASSMENT POLICY

## BULLYING

Bullying is typically a form of repeated, persistent and aggressive behavior directed at an individual or individuals that is intended to cause (or should be known to cause) fear and distress and/or harm to another person’s body, feelings, self-esteem, or reputation. Bullying occurs in a context where there is a real or perceived power imbalance.

## HARASSMENT

Harassment is words, conduct or action that is directed at an individual and serves no legitimate purpose and which may include remarks, jokes, threats, name-calling, the display of material(s), touching, or other behavior that an individual knows, or should know insults, intimidates, offends, demeans, annoys, alarms or causes that individual emotional distress and may constitute discrimination, when related to grounds protected by the Human Rights Code and C4 Honor and Discipline Codes.

## ACKNOWLEDGEMENT

I, \_\_\_\_\_ (name of athlete) understand the definition of bullying and harassment, according to my coaches at C4 Performance Training, and I will refrain from bullying and harassing any other athletes or individuals, but rather choosing to encourage and build everyone else up.

Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent 1 Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent 2 Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Coach Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_





# BULLYING AND HARRASSMENT REPORT

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Date of report: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_

Athlete(s) who was/were bullied/harassed: \_\_\_\_\_

\_\_\_\_\_

Athlete(s) who bullied/harassed: \_\_\_\_\_

\_\_\_\_\_

Location(s) at which bullying/harassment took place (e.g., gym, online, school, bathroom, bus): \_\_\_\_\_

\_\_\_\_\_

Date(s) and times(s) when incident(s) occurred: \_\_\_\_\_

\_\_\_\_\_

Types of bullying/harassment which took place (check most appropriate):

**Physical** (*pushing, shoving, spitting, hitting*) \_\_\_\_\_

\_\_\_\_\_

**Verbal** (*name calling, teasing, threats, putting down*) \_\_\_\_\_

\_\_\_\_\_

**Social** (*social media, gossip, slurs, isolation*) \_\_\_\_\_

\_\_\_\_\_

Please list any witnesses to the incident(s): \_\_\_\_\_

\_\_\_\_\_

Was/were the parent(s) of all involved athletes contacted?  YES  NO

Briefly describe the outcome of the situation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Coach Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent 1 Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent 2 Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*please use the back of this page for additional signatures or comments about the situation*



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