Carle Sports Medicine
Sports Enhancement Training
Registration Packet

Carle Sports Medicine is pleased to offer Sports Enhancement Training Programs to ensure you reach your full potential. Our new location, state-of-the-art equipment and increased exposure means programs fill fast.

For information about our programs or to determine your optimal start time, our Athletic Trainers can assist you at (217) 383-9756. Once you’re ready to commit, complete the attached registration packet and return it to Carle Sports Medicine. Athletes who are under 18 must have the form signed by a parent/guardian. Payment for initial session(s) must be received at the time of the athlete’s first consultation. Full payment must be received once the athlete’s training schedule is finalized. Payment options are as follows:

- Cash
- Credit Card
  Visa, MasterCard, Discover
- Check
  Payable to Carle Sports Medicine

Check the program you are registering for:

- Personal Training
- Frappier Acceleration
- ACL Risk-Reduction
- Throwing Program
- Hitting Program
- Vertimax™ Vertical Jump Training
- Sport Specific Technique Training

Please remember, athletes will undergo testing before and after the program to measure success. The testing is a separate session and will be charged as a training session, however it is not included in the program time frame.
Name: ________________________________ Date ____________

First       Middle       Last

Address: ____________________________________________________________________________

Street ___________________________ City ___________________________ State ______ Zip ______

Date of Birth: ______/____/____

Home Phone: ____________________________              E-Mail: ____________________________

Cell Phone: ____________________________

School/Organization: ____________________________ Coach/Sponsor: ____________________________

What sport/activity will you be training for? ________________________________________________

What position or event? _________________________________________________________________

What are your goals and expectations for this program? (Please be as specific as possible) __________________________________________________________

Have you been injured recently? □ Yes □ No
If yes, describe: ______________________________________________________________________

Are you currently taking any medication? □ Yes □ No
If yes, list medication and purpose for taking: ______________________________________________________________________

Are you currently exercising? □ Yes □ No
If so, please describe duration and type of training: ______________________________________________________________________

Is there any condition that might limit your participation in a training program? □ Yes □ No
If yes, describe: ______________________________________________________________________

When does your sport/competition begin? _________________________________________________

How did you hear about the program? ______________________________________________________

To receive group discount rates:
• Athletes must register together,
• Athletes must complete the program together,
• All participating athlete names must be indicated on the registration form.

Persons registering for the program with you (if any):
1. ______________________________________________________________________
2. ______________________________________________________________________
3. ______________________________________________________________________
4. ______________________________________________________________________
Program Policies

PLEASE READ the accompanying information regarding your participation in the Performance Enhancement programs at Carle Sports Medicine. If you have questions regarding the policies, please ask a staff member.

1. Fees for individual training sessions must be made before the session begins. Multi-session programs MUST BE PAID IN FULL OR HAVE ARRANGEMENTS MADE BEFORE the first session.
   - Should an injury occur DURING a Performance Enhancement Program AT the Carle Sports Medicine facility, the pro-rated training fee balance may be refunded or maintained on an account for 30 days.
   - Carle Sports Medicine staff reserves the exclusive right to refuse training to those individuals they deem inappropriate for Performance Enhancement Programs. Should Performance Enhancement Programs be deemed inappropriate for the participant during the initial testing, a refund minus used sessions and consultation fee will be given, and no further visits will be scheduled.
   - Carle Sports Medicine Performance Enhancement Programs are non-transferable and are designed to be completed in a specific time frame in order to obtain optimal results. The fee balance will be held on account for a maximum of 30 days. If after 30 days training has not resumed, the remainder of the account will be forfeited.
   - Carle Sports Medicine Performance Enhancement Programs are neither billable nor third party reimbursable.

2. If a participant is more than 10 minutes late for a session, that session may need to be rescheduled for another time. If it cannot be rescheduled, there is a chance that the session may be forfeited.

3. Cancellations and rescheduled appointments must be made at least 24 hours in advance. Failure to provide 24 hours notice, or failure to attend (without proper notification or reason) will be deemed a forfeiture of the training session.

I understand and agree to the above policies:

__________________________  _________________________  
Signature of Participant           Date

__________________________  _________________________  
Signature of Parent/Guardian (If participant is under 18)      Date

__________________________  _________________________  
Signature of Carle Sports Medicine Staff         Date
PLEASE READ the following information regarding your Performance Enhancement training program. If you have any questions, please ask a Carle Sports Medicine staff member.

1. My participation is voluntary and I may withdraw from the fitness evaluation, trial program, testing or training program at any time. By participating in Carle Sports Medicine Sports Enhancement Programs, I will have the opportunity to increase my knowledge about my state of fitness, physiology, biomechanics, and the training strategies that may affect my performance.

2. I understand that I will perform with the intent to achieve personal goals, and that results vary according to each individual. I acknowledge that Carle Sports Medicine is relying on all information provided by me regarding my medical history and condition, and certify the information is true and correct. I understand this information may be used to determine participation.

3. The fitness evaluation and training programs may consist of one or more high-level athletic activities including but not limited to: treadmill running, plyometric jumping, sprintcord running, throwing cord drills, kicking cord drills, weight training, and other physical exercise. When performed correctly under the supervision of the staff, the program is designed to be both safe and effective; however, as with all athletic activities, a risk for injury is present. Risks include, but are not limited to: musculoskeletal injury, cardiovascular complications, pulmonary complications, neurological complications.

4. I understand that I will be responsible for any and all costs associated with medical treatment of an injury sustained while participating in the evaluation, trial program or training programs.

5. Carle Sports Medicine Performance Enhancement Programs are neither billable nor third party reimbursable.

6. I understand and agree to the program policies.

__________________________________________________________  ____________________________
Signature of Participant                                      Date

__________________________________________________________  ____________________________
Signature of Parent/Guardian (If participant is under 18)      Date

__________________________________________________________  ____________________________
Signature of Carle Sports Medicine Staff                      Date