



Carle Sports Medicine Performance Enhancement Training Registration Packet

Carle Sports Medicine is pleased to offer Sports Enhancement Training Programs to ensure you reach your full potential.

For information about our programs or to determine your optimal start time, our Athletic Trainers can assist you at (217) 383-9756 or email OrthoSportsFFS@carle.com. 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:

- | | | |
|-------------------------------|---|---|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Credit Card
<i>Visa, MasterCard, Discover</i> | <input type="checkbox"/> Check
<i>Payable to Carle Sports Medicine</i> |
|-------------------------------|---|---|

Check the program you are registering for:

- | | | |
|---|---|--|
| <input type="checkbox"/> PEAK Personal Training | <input type="checkbox"/> Vertical Jump Training | <input type="checkbox"/> Dry Needling |
| <input type="checkbox"/> Frappier Acceleration | <input type="checkbox"/> Sport Specific Technique Training | <input type="checkbox"/> Graston Technique |
| <input type="checkbox"/> ACL Bridge | <input type="checkbox"/> Senior Class | |
| <input type="checkbox"/> Running Clinic | <input type="checkbox"/> Cancer Survivorship Exercise Program | |

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.

Carle Performance Enhancement Program Descriptions

GROUP BASED PROGRAMS

Athletic Republic™ Acceleration Program – Athletic Republic Acceleration is a six to eight week speed and power group based training program that will enhance performance by focusing on agility, vertical jump, body mechanics, and sprint work.

Sport Specific Training – Specialized six-eight week group based program is designed to increase athletic ability for athletes across the many disciplines of sport.

Vertical Jump Training – Program focused on improving explosive leaping ability through teaching proper movement mechanics, strengthening essential lower and upper body musculature, and restoring key mobility needed to maximize potential.

INDIVIDUALIZED PROGRAMS

ACL Bridge Program – Evidence based post ACL Reconstruction program that transitions athletes of all ages from formal therapy to unrestricted activity by easing athletes and active individuals into their sport or activity while reducing risk of reinjury.

PEAK Personal Training – This individualized program is designed to address one's personal fitness/athletic performance goals.

Running Clinic – Evaluation of functional movement patterns, mobility, biomechanical risk factors, video gait analysis, and footwear. Follow up appointments to check progression.

CLASSES

Cancer Survivorship Exercise Program – Ten-week small group class aims to help people regain strength, endurance and flexibility after cancer treatment. Requirements: a note from oncologist and/or cancer recovery team marking clearance for participation.

Senior Exercise Class – Group based classes are held every Tuesday and Thursday morning from 10:30 to 11:30 a.m., designed to improve strength, flexibility, balance, and overall daily life function. Requirements: the ability to stand for 20 minutes at a time and a note from a primary care provider indicating clearance for participation.

SERVICES

Graston Technique – instrument assisted soft tissue mobilization used to restore function to acute and chronic injuries, pre- and post- surgical patients and maintaining optimal range of motion.

Dry Needling – Insertion of a tiny monofilament needle to help resolve pain and muscles tension and help to promote healing. This is not traditional Chinese Acupuncture but is instead a medical treatment that relies on a medical diagnosis to be affective.

Name: _____ Date _____
First Middle Last

Address: _____
Street City State Zip

Date of Birth: ____/____/____ Home Phone: _____

Cell Phone: _____ E-Mail: _____

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? _____

Are you or a family member a Carle Health or Health Alliance Employee? Yes No

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

imprint

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