

THE ROCK INSTITUTE

SPORT PERFORMANCE CENTER

RI recognizes the need of developing the young athlete and has created a unique and complete system to empower the health, performance & resiliency of the junior athlete. With competition at all time highs, our youth are training year round in multiple sports/club teams. The average 12-14 year old athlete of today is pushing his/her body as hard as 23+ year old professional athlete did 25 years ago. Over-training and over-use are the most significant causes of all injuries in every sport on every level.

RI believes that the average junior athlete is not properly prepared to handle the rigors and intensities of competitive, year-round sports. RI's youth programs focus on developing the junior athlete to meet with his/hers anatomical, mental, and emotional development. RI's objective with every junior athlete is to protect them from poor habits, over-training and faulty anatomical development, which leads to injury. RI's training emphasis is based on developing core power, balance and flexibility as well as the kinetic aspects of sport-specific strength, body control, quickness, speed, agility and body coordination as well as hand-eye.

Through this process, young athletes are able to develop faster with greater core health, strength and resiliency. A safe foundation is built. Now the fast maturing athlete is prepared to move into more advanced aspects of conditioning and strength resistance where mentally, emotionally and physically they are equipped to make their maximum increase in overall strength, speed, power and athleticism.

-RELEASE FORM-

I take full responsibility for my son/daughters health and affirm that my son/daughter has no medical problems that would prevent them from participating in any RI fitness training, rehabilitative and/or, nutrition program. *Initials:* _____

Due to the fact that I am involved with a "group" program or clinic I understand that I am receiving discounted rates and agree to the following; 1) that the sessions must start and end on time, 2) the reduced fees will be charged whether I attend the full session or not and, 3) I cannot change the appointment times/days, without RI's written approval. *Initials:* _____

I understand that all of RI's service fees are my responsibility and I agree to pay them in full before commencing any RI program. I have read and understand all the program rates and policies and agree to abide by them. *Initials:* _____

RI uses photography and video with clients/groups and I approve and give RI permission to use my son(s)/Daughter(s) name, photos and video for assessment, training, continuing education, teaching clinics that RI's will use solely for promotional purposes that may be displayed on the Rock Institute website only. *Initials:* _____

I _____ certify that I have read and initialed all the above policies and agree to abide by them. To the best of my knowledge, _____ has no medical or physical limitations, which might prevent his/her from exercising or pursuing this specialized rehabilitative program at RI. I truthfully and accurately completed the Health Evaluation Sheet. I accept full responsibility for my son(s)/daughter(s) health and welfare. I understand there are inherent risks with any exercise or rehabilitation program. Knowing the risks involved, I approve and acknowledge that my son/daughter have voluntarily applied to participate in Sport Specific Training or the specialized rehabilitative program and agree to assume those risks and to release and hold harmless R.O.C.K. Institute, Inc., any RI representatives, staff, associates, employees or agents, as well as the owners and maintainers of any facility used for the activity, who, whether by negligence or carelessness, might otherwise be liable to me, or to my heirs or assigns, for damages. I have read this general release, understand that I give up substantial rights by signing it, and I sign it voluntarily. This release shall be a continuing release and shall remain in effect until it is revoked in writing.

Participating Child's Name: _____

Parent / Guardian Signature: _____

Date: _____

Phone #: _____ Address: _____

Cell: _____ Email: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Home: _____ Cell: _____

Non Relative: _____ Relationship: _____

Home: _____ Cell: _____

Medical Information:

Allergies: _____ Current Medications: _____

Medical conditions: _____ Any Recent Surgeries: _____