

Sports Specific Training Client Information Form (Under 18)

CLIENT DETAILS

Mr/Mrs/Ms/Miss/Master Surname _____ First Name _____
Address _____ Suburb _____ P/Code _____
Mobile (self) _____ Email (self) _____
Date of Birth _____ Sport(s) _____

EMERGENCY CONTACT/PARENT/GUARDIAN/CARER DETAILS

Mr/Mrs/Ms/Miss/Master Surname _____ First Name _____
Address _____ Suburb _____ P/Code _____
Ph (Home) _____ Ph (Work) _____ Mobile _____
Email _____

Please indicate how you would like your session reminders sent? (select at least one)

- SMS to client mobile SMS to parent/guardian/carer mobile
 Email to client Email to parent/guardian/carer Do not send session reminder

How did you find out about Physio Essentials Sports Specific Training Program?

- Family/Friend Physio Essentials Website/Internet Search Facebook Matt Macias
 Local Sports Group Other - please specify _____

ACKNOWLEDGEMENT AND RELEASE OF RISKS, INJURY AND OBLIGATIONS

IMPORTANT: THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND OBLIGATIONS. READ IT CAREFULLY AND DO NOT SIGN IT UNLESS YOU ARE SATISFIED THAT YOU UNDERSTAND IT. IF YOU HAVE ANY QUESTIONS PLEASE ASK YOUR REPRESENTATIVE.

I, _____ (name of participant) wish to participate in the activities, training and programs of Physio Essentials Sports Specific Training with Matthew Macias, their employees and representatives.

I recognise that the activities, training and programs may involve strenuous activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and other various fitness activities.

I acknowledge and understand that whilst participating in such activity:

- Portions of the activities, training and programs may occur outdoors
- Exercise, including the use of equipment is a potentially hazardous activity that carries some risk including, without limitation, risk to me both physically and mentally
- I may be injured, physically or mentally, or may die
- My personal property may be lost or damaged
- Other persons participating in such activity may cause me injury or damage of my property
- I may cause injury to other persons or their property
- The conditions in which activity is conducted may vary without warning
- There may be no or inadequate facilities for treatment or transport of me, if I am injured
- I assume the risk and responsibility for any injury, death or property damage resulting from my participation in the activity

In consideration of Physio Essentials & Pilates Studio and Matthew Macias, agreeing to provide their activities, training and programs, and the acceptance of my payment for these, I agree to and declare –

- I voluntarily participate in the activities, training and programs at my sole risk and responsibility
- I am not obligated to perform nor participate in any activity that I do not wish to do, and that it is my right to refuse such participation at any time during any of my sessions
- If I feel light-headed, faint, dizzy, nauseated, or experience any pain or discomfort, I am to stop and inform the closest staff member immediately
- To release and indemnify Physio Essentials & Pilates Studio, Matthew Macias, its employees and representatives from any and all responsibilities of liability from injuries or damages resulting from or ancillary to my participation in any activities or my use of the equipment.
- To release, indemnify and hold harmless Physio Essentials & Pilates Studio, Matthew Macias, its employees and representatives from all and any actions or claims which may be made by me or on my behalf or by other parties for or in respect of or arising out of injury, loss, damage or death caused to or by me or my property in any way, whatsoever
- In the event that I am injured, or my property is damaged, I will bring no claim, legal or otherwise, against Physio Essentials & Pilates Studio, Matthew Macias, its employees and representatives
- I declare myself to be physically sound and suffering from no known condition, impairment, disease or illness that would prevent my participation in exercise and use of equipment
- That it has been recommended by Physio Essentials & Pilates Studio and/or Matthew Macias for the need of a Medical Doctor's approval of my participation in exercise and fitness activity and the use of exercise equipment. And that a yearly (or more frequent) physical examination and consultation with my Medical Doctor regarding exercise, physical activity and the use of exercise equipment is advised for my safety and wellbeing
- That I have either had a physical examination with a Medical Doctor and been given written permission to participate (and written evidence has been provided to Physio Essentials & Pilates Studio or Matthew Macias prior to commencement of participation) OR, I have decided to participate in the activities, training and programs, including use of equipment without approval from a Medical Doctor and assume all responsibility for my participation in activities, training and programs, including the use of exercise equipment.
- That no warranties or representations have been made to me by any representative of Physio Essentials & Pilates Studio or Matthew Macias regarding the results I will or may achieve from any activities, training and programs conducted. Results are individual and may vary.
- That my personal information, including information regarding my activities, training and programs may be used and disclosed for any of the following purposes –
 - communication between employees and representatives of Physio Essentials & Pilates Studio and Matthew Macias
 - communication with other Health Professionals and Doctors with your prior permission
 - anonymously, for research projects we may undertake
 - contacting you to keep you motivated and on track
 - informing you about any upcoming programs, specials or social events
 - keeping you updated on our services, including changes
 - forwarding follow up materials from your sessions
 - provision of newsletters and surveys
- **Should I wish to opt out of any of the above, or change such permissions at any time, that I will inform Physio Essentials & Pilates Studio and/or Matthew Macias in writing**
- **In the event that I become injured or ill, that I give permission for Physio Essentials & Pilates Studio, Matthew Macias and any of their employees and representatives to administer first aid within their qualifications, and/or seek emergency medical services as necessary. I understand I am responsible for any expenses incurred.**

DECLARATION FOR PARTICIPANTS UNDER 18 YEARS OF AGE

I, _____ am the parent/guardian of the person named in this Acknowledgement and Release, hereby acknowledge and agree:

- I have read this whole document and understand it
- I agree to all terms listed in this document
- I consent to the person listed in this Acknowledgement and Release, to participate in activities, training and programs provided by Physio Essentials & Pilates Studio, Matthew Macias and their employees and representatives
- I am aware of the risks, dangers and obligations set out in this document
- In consideration of the person named in this Acknowledgement and Release being accepted to participate, I agree and indemnify Physio Essentials & Pilates Studio, Matthew Macias and their employees and representatives in the same manner and to the same effect and extent as if I were the person first named in the Acknowledgement and Release and the person participating in the activity.

NAME OF PARTICIPANT: _____

NAME OF PARENT/GUARDIAN: _____

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____

- LEFT BLANK INTENTIONALLY – PLEASE TURN OVER -

PAYMENT AGREEMENT

I, _____ as the person paying for the above mentioned service/s understand and agree to the following –

- That all payments for services must be completed and cleared PRIOR to commencement of any activity, training or program with Physio Essentials & Pilates Studio and Matthew Macias
- That any 10-session packs must be used within 3 months of payment date
- That if I do not show/cancel any session with less than 4 hours notice, that I will forfeit the amount cost for that session (be charged a 100% cancellation fee for that session)
- That if I cancel any session with more than 4 hours notice, that I will be able to 'make up' that session within a period of 2 weeks of the session date cancelled
- That if I do not 'make up' a cancelled session in the terms listed above, that I will forfeit the amount cost for that session (be charged a 100% cancellation fee for that session)
- That if for any reason Physio Essentials & Pilates Studio or Matthew Macias cancels a session on me, that I will be able to make up that session at any time suitable for both parties without any additional charges
- That I have received, understand and agree to the cost of my services listed in the below

INVOICE #:		INVOICE AMOUNT:	
CLIENT NAME:			

- I wish to make payment of the above invoice amount by: _____
- I agree to the credit card payment authorisation below (if applicable)

Signed:			
Date Signed:			
OFFICE USE ONLY:	PAYMENT RECEIVED:		DATE RECEIVED:

CREDIT CARD PAYMENT AUTHORISATION

Credit Card Details/ Payment Authorisation

I, the undersigned cardholder, give Physio Essentials & Pilates Studio authorisation to charge the above amount to my credit card for the services listed in the invoice number listed.

Type of Credit Card:														
Card Number:														
Expiry Date:							CCV Number:							
Cardholder Signature:														
Date Signed:														

As the credit card holder, I _____ also authorise Physio Essentials & Pilates Studio to store my credit card details on their practice management software for future purchases/transactions approved by me in writing that do not exceed the amount \$ _____

Authorisation Valid Until:	
Cardholder Signature:	
Date Signed:	

PLEASE ENSURE YOU PRINT/SAVE A COPY FOR YOURSELF AS WELL