



**SUMMIT™**  
SPORTS PERFORMANCE

*"Guiding you to the top of your health."*

**APPLICATION FORM**

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

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **OHIP#** \_\_\_\_\_

**Phone#:** \_\_\_\_\_ **Cell Phone#:** \_\_\_\_\_

**Name Parent/ Guardian:** \_\_\_\_\_

**What Sport do you play?** \_\_\_\_\_

Please list any illness that your child has, such as asthma, heart disorders, allergies, etc.:



Please list any prescribed medication that your child is taking and note if and when he/she must take it during the hours of the Sports Conditioning Program.



I understand that this Sports Conditioning Program will be physically demanding and to the best of my knowledge, my above named son/daughter or other is in good health. I also understand and agree except for basic first-aid treatment, SUMMIT Sports Conditioning Program /SUMMIT Health & Fitness Club will accept no responsibility or liability for accident or illness incurred by a participant/player during the program. I have hereby given my approval for emergency medical treatment, if required. I also agree to have current health insurance coverage for the above named participant. I will in no way hold responsible SUMMIT Sports Conditioning Program or SUMMIT Health & Fitness Club, or anyone associated with, for medical or dental accidents.

Name of Parent/Guardian (please print): \_\_\_\_\_

Signature of

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