

Inquiry Form

Parisi Office Use Only

Staff

Date

Orientation Date

Evaluation Date

Contact Information

Parents Name _____	Home Phone _____
Athletes Name _____	Work Phone _____
Address _____ _____	Cell Phone _____
	e-mail _____
City _____	Athlete's DOB _____
State _____	Athletes Age _____
Zip _____	Athletes Grade _____

Athlete Sports

Baseball _____	Golf _____	Soccer _____	Track _____
Basketball _____	Gymnastics _____	Softball _____	Volleyball _____
Field Hockey _____	Hockey _____	Swimming _____	Wrestling _____
Football _____	Lacrosse _____	Tennis _____	Other _____

Screeener

What are your son's / daughter's goals? _____

Has your son / daughter recently suffered any injuries? _____

How did you hear about us?

Newspaper Ad _____	HC Referral _____	Word of Mouth _____
TV Commercial _____	Camp _____	Website _____
Coach Referral _____	Coach's Name _____	
Athlete Referral _____	Athlete's Name _____	

The Fastest Way To Become A Better Athlete



Inquiry Form

I, _____ residing at _____ State of _____, acknowledge that I, individually, have voluntarily applied to participate in the Parisi training program. I acknowledge the risks and the potential risks of athletic training. However, I feel that the possible benefits to myself are greater than the risk assumed.

I am aware that although The Parisi School, Parisi Health Clubs USA, its subsidiaries and parent companies (The Parisi School), its officers, directors, owners and/or employees make reasonable efforts to make each athlete's training a safe and productive experience, that there are inherent risks which occur as a result of such physical activity, especially at high levels of competition.

I acknowledge that an athlete, when training, through no fault of his own, his trainer(s) or the facility may become injured for a variety reasons that are unavoidable.

I represent that I am in good health and suffer from no physical impairment, which would limit my use of The Parisi School's facilities or instruction. I further represent that I carry full and complete medical insurance coverage. I acknowledge that the Parisi School has not and will not render any medical services including medical diagnosis of my physical condition.

In consideration of being permitted by The Parisi School to participate its training program and to use its facilities, I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrators and/or guardian of my son/my daughter/my ward specifically agree that The Parisi School, its officers, employees and agents shall not be liable for any claim, demand, cause of action of any kind whatsoever for, or on account of death, personal injury, property damage or loss of any kind resulting from or related to my use of the facilities or participation in any athletic training, exercise or activity within or without the club premises, and I agree to hold The Parisi School harmless from same. I hereby waive any and all claims for any and all injuries I may suffer under any circumstances, including but not limited to those claims arising from the negligence of Parisi Sports Club, its employees, agents, servants, invitees, co-members, contractors, or sub-contractors, employees or otherwise.

In additional consideration of being permitted by The Parisi School to participate in its training program and to use its facilities, I hereby permit The Parisi School to use my name, image and likeness for promotional purposes limited to its athletic training programs and facilities. The Parisi School's promotional mediums include but are not limited to print, radio, video, television and the Internet.

I acknowledge that I have read this release and waiver and fully understood its contents. I have been fully and completely advised of the potential dangers incidental to engaging in the activity and instruction of athlete training and I am fully aware of the legal consequences of signing this release. I voluntarily agree to the terms and conditions stated above.

Athlete's Signature: _____

Date: _____

Parent/Guardian's Signature: _____

Date: _____