



# PERFORMANCE ATHLETIX

## Baseline Assessment Application



### Personal Information

Thank you for your interest in Performance Athletix! Your application will be evaluated and you'll be contacted to set up a no-cast Baseline Assessment. All information is kept strictly confidential.

#### I. PERSONAL INFORMATION

Applicant's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Grade Level \_\_\_\_\_ GPA \_\_\_\_\_ School/ Team \_\_\_\_\_ Position \_\_\_\_\_

Dominant Side/Hand \_\_\_\_\_ Dominant Leg \_\_\_\_\_ Shooting Hand \_\_\_\_\_ Hitting Side \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Your/Your Parent's Work Phone \_\_\_\_\_

Head Coach \_\_\_\_\_ No. of Years in Sport \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ % Body Fat (if known) \_\_\_\_\_

#### II. HEALTH HISTORY

Injuries (if any) \_\_\_\_\_ Date Injury(s) Occurred \_\_\_\_\_ Type \_\_\_\_\_

If injured, where and how did injury occur? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician's Diagnosis of Injury \_\_\_\_\_

Status of Injury (i.e., surgery/rehab) \_\_\_\_\_

Any other injuries or non-sports related health problems? \_\_\_\_\_

\_\_\_\_\_

# Medical History

Please answer the following questions by checkmark the appropriate response. Use the next page of this form to explain any "Yes" answers to the following questions. Have or do you:

- |  |     |    |
|--|-----|----|
| 1. Have a medical problem or injury?   | Yes | No |
| 2. Ever not been allowed to participate in sports for a medical reason?                  | Yes | No |
| 3. Ever been hospitalized?   | Yes | No |
| 4. Ever had surgery?   | Yes | No |
| 5. Have any missing organs (e.g., kidney, eye, testicle)?                                | Yes | No |
| 6. Presently take any medication?  | Yes | No |
| 7. Have any allergies to medicine or insect bites?                                       | Yes | No |
| 8. Passed out during or after exercise?  | Yes | No |
| 9. Been dizzy during or after exercise?  | Yes | No |
| 10. Have chest pain during or after exercise?  | Yes | No |
| 11. Tire more quickly than your friends during exercise?                                 | Yes | No |
| 12. Have high blood pressure?  | Yes | No |
| 13. Been told you have a heart murmur?   | Yes | No |
| 14. Have racing of the heart or skipped heartbeats?                                      | Yes | No |
| 15. Have a family member that died of heart problems or sudden death before?             | Yes | No |
| 16. Have any skin problems?  | Yes | No |
| 17. Ever had a head or neck injury?  | Yes | No |
| 18. Ever been knocked out or unconscious?  | Yes | No |
| 19. Ever had a seizure?  | Yes | No |
| 20. Ever had a stinger, burner, or pinched nerve?  | Yes | No |
| 21. Ever had heat cramps?  | Yes | No |
| 22. Ever been dizzy or passed out in the heat?   | Yes | No |
| 23. Have trouble with breathing or coughing during or after activity?                    | Yes | No |
| 24. Use any special equipment (pads, braces, neck rolls, eye guards, kidney belt, etc.)? | Yes | No |

- |  |     |    |
|--|-----|----|
| 25. Have any problems with vision?   | Yes | No |
| 26. Wear glasses or contacts?  | Yes | No |
| 27. Ever sprained/strained, dislocated, fractured, or had repeated swelling for any bones or joints? | Yes | No |
| 28. Have any medical problems listed below?<br>If Yes, please check all that apply.                  | Yes | No |

High Blood Pressure _____	Rheumatic Fever _____	Diabetes _____
Hepatitis _____	Abnormal Bleeding _____	Tuberculosis _____
Asthma _____	Mononucleosis _____	Other (List) _____

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**III. TELL US A LITTLE ABOUT THE ATHLETE**

Your expectations of Performance Athletix? \_\_\_\_\_

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Coach's expectations of Performance Athletix? \_\_\_\_\_

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How did you hear about Performance Athletix? \_\_\_\_\_

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- |   |     |    |
|---|-----|----|
| 1. The information I've provided is current and correct to the best of my knowledge.  | Yes | No |
| 2. If in the judgment of a representative of Performance Athletix, my child needs care or treatment as a result of an injury or sickness, I do hereby request, consent to and authorize such care as may be deemed necessary. | Yes | No |

# Waiver of Liability

This Waiver of Liability must be agreed to by the applicant, or by the applicant's legal guardian if applicant is under 18 years of age in order to participate in Performance Athletix's Baseline Assessment.

\_\_\_\_\_ The Applicant OR the parents/guardians of the Applicant acknowledge that the Applicant will be taking part in a program of exercise, rehabilitation and/or athletic training being offered to said Applicant through Performance Athletix. This acknowledges that the Applicant has undergone a complete medical examination exclusively in anticipation of this program by an independent physician who has determined that the Applicant is in appropriate medical condition to participate in a program of vigorous exercise and athletic training activities which may include, but are not limited to, jumping, running, weight lifting and conditioning and other exercises. It is acknowledged that medical clearance has been obtained specifically for such activities.

The Applicant desires to voluntarily utilize the services and, if applicable, facilities and equipment provided by Performance Athletix for the purpose of personal fitness, recreation, or fitness evaluation. As a consideration for the right and privilege of being permitted access to, and the use of, services or programs offered by Performance Athletix, and if applicable, facilities and equipment of its partners, this Waiver of Liability hereby releases Theodore Johnson and Performance Athletix, and its officers, agents and employees, and Pro-T, LLC and High Goals, LLC and their successors, assigns, officers, affiliates, owners and agents, from any and all liabilities of any kind whatsoever arising out of any physical or mental injury incurred or sustained by the Applicant while voluntarily preparing to use, using or cleaning up after using, any of the fitness programs, recreational or evaluation services and, as applicable, facilities and equipment provided by Performance Athletix; and furthermore, agrees to save and hold harmless Theodore Johnson and Performance Athletix and its officers, employees and assigns, and Pro-T, LLC and High Goals, LLC and their successors, assigns, officers, affiliates, owners and agents, arising out of the Applicant's use of the facilities and/or services.

Furthermore, the Applicant acknowledges that he or she may participate in activities involving physical exertion or exposure to heat or steam. The undersigned acknowledges that the Applicant has obtained independent medical approval to use the services or programs, and if applicable, facilities and equipment provided by Performance Athletix for the Applicant's participation in activities involving physical exertion and that the Applicant has made Performance Athletix aware of any limitations suggested by the Applicant's physicians.

I am qualified to acknowledge and affirm on behalf of the Applicant that I have carefully read this release and have asked and obtained a satisfactory explanation of any part that they do not understand.

I agree to the Waiver of Liability.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Athlete

\_\_\_\_\_  
Date

Have Questions or Want an Appointment?

**Performance Athletix Inc.**

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Eden Prairie, MN 55344

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Phone: (612) 567-8496

