



**ADI Athlete
Development
Institute**

4b Wing Drive
Cedar Knolls, NJ 07927

973-998-5715
www.adisportstraining.com

Student Athlete Information

Last name	First Name	__M __F
Address		
City	State	Zip
email		
Date of Birth	Height	Weight
Cell Phone #	Home Phone	

Sport(s) Playing

Sport	School/Club	Pos.
Sport	School/Club	Pos.

Student Information

Current School	
HS GPA	HS Graduation Year

Confidential Student Athlete Medical Information

Prior to beginning an exercise program, it is advised that you have had a physical exam within the past year and have physical activity clearance from a physician

Date of last physical	
Medical Conditions	
Major Injuries since birth	
Major surgeries since birth	
Current Medications	

Parent Information

Last Name	First Name
Cell phone	email (if different)
Alt Emergency Contact	Phone #

Payment Policy Agreed & Accepted _____	<ul style="list-style-type: none"> • No Refunds on credits left on account • There is no charge for cancellation of sessions prior to 24 hours notice • Less than 24 hours notice, session will charged to account if more than 2 times
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Parental Consent

My child is in good health and has my permission to participate in sports training. He/she has no previous illness or bodily injury that will keep him/her from participating in the sports. My child has had a physical exam by a medical professional in the past 12 months and has been cleared to participate in sports activities.

Participation in any sport may cause physical injury including sprains, strains, contusions, fractures, dislocations, ruptures, herniations, lacerations, concussions and even death. I authorize the ADI personnel along with nurses, doctors, trainers and emergency personnel called to assist to administer First Aid or care as deemed necessary.

As part of the programming at Athlete Development Institute (ADI) promotional photography and video may be used at times and I understand that my son/daughter may appear in videos and photos used for future promotions of the Athlete development Institute and for the educational/evaluation process of student athletes.

We, the undersigned, for ourselves, our heirs, executors and administrators, waive, release and forever discharge the Athlete Development Institute, L.L.C., it's staff, officers, agents, representatives, employees, successors, and assigns to and from any and all rights and claims for damages to person and property activities, or while partaking in training at this site or remote sites utilized for training under the ADI.

<i>Athlete Signature (above)</i>		<i>Date</i>
<i>Parent/Guardian Signature for minor (above)</i>		<i>Date</i>