



## WHO

ALL athletes  
entering  
grades 5-12

## WHERE

MAYSA Arena  
TRINITY  
Dry Land Room

## WHEN

Grades 9-12  
M&W 9:30-10:30 am  
T&Th 12-1 pm  
Grades 5-8  
M&W 10:30-11:30 am

## STARTS

Begins June 3  
Ends July 24

## COST

\$110 before May 20  
\$125 after May 20  
Deadline May 27

**Are you looking for a summer program or something to enhance your current workouts?**

Join our FASTER injury prevention & performance enhancement program.

**Trinity Sports Medicine**  
wants to keep you  
In the game!

WIN!

Practice  
and  
apply

Focus on  
injury  
prevention

For additional Sport Specific FASTER opportunities, check the Trinity Health Sports Medicine website on [www.trinityhealth.org](http://www.trinityhealth.org)



**TRINITY**  
HEALTH



**Who: All athletes entering grades 5-12**

**Where: MAYSA Arena TRINITY Dry Land Room**

**When: June and July 2019**

**Sessions: Grades 9-12 M/W 9:30 or T/TH 12 pm**

**Grades 5-8 M/W 10:30**

**Session 1 hour in length**

**Starting: June 3 Ends: July 24**

To be registered must have turned in:

Registration form     Medical history form     signed waiver     Fee

**Questions? Contact Robyn at Sports Medicine for more info 857-3486**

Return bottom section and additional forms and payment to Trinity to:

Trinity Sports Medicine 101 3<sup>rd</sup> Ave SW, Suite 102, Minot, 58701

Attn: Robyn

Name: \_\_\_\_\_ School: \_\_\_\_\_

Email \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

I am entering grade \_\_\_\_\_ I am: Male \_\_\_\_\_ Female \_\_\_\_\_

T-Shirt size (adult sizes): SM MED LG XL XXL

I participate in the following sports: \_\_\_\_\_

Session Preference: **(Circle one)**

Grades 9-12

M&W 9:30-10:30 am

T&Th 12-1 pm

Grades 5-8

M&W 10:30-11:30 am

3 goals I have for the summer are:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_



**TRINITY  
HEALTH**

**Trinity Health Waiver, Release of Liability, and Consent**

For and in consideration of being permitted to participate in the programs and services of Trinity Health (herein “TH”), the sufficiency of such consideration being acknowledged, I for myself, my heirs, successors, representatives and assigns, hereby now and forever RELEASE, ACQUIT, and DISCHARGE “TH” and its agents, employees, officers, directors, parent companies, subsidiaries, successors and assigns of and from any and all claims, demands, actions, remedies, causes of action, liability, damages, costs (including reasonable attorney fees), expenses and losses of every kind of nature, whether at this time known or unknown, anticipated or unanticipated, direct or indirect, which I for myself, my heirs, successors, representatives and assigns now have or may have in the future by reason of my use of the facilities, whether caused by the acts or omissions of the “TH” or its employees, agents or representatives, or by any other person or persons.

I further understand and acknowledge, and hereby assume, the risks and hazards which may cause injury, disability and death, and perhaps damage to or loss of my property while on the premises or while participating in any or all activities conducted. Moreover, I hereby acknowledge that my use is voluntary.

Further, although I recognize that no duty to do so exists or is hereby created, nevertheless, in the event that I sustain any personal injury or require medical attention either before, during or after exercise or participation in any and all activities, I specifically authorize “TH” and its agent or employees to voluntarily and gratuitously perform onsite treatment for injury or medical condition. I understand that any on-site treatment will not necessarily be performed by persons having medical training and that “TH” has made no representations that treatment will be performed by persons with such training. I also authorize “TH” and its agents or employees to voluntarily and gratuitously arrange transportation for me for the purpose of obtaining medical treatment elsewhere. In return for any such treatment or transportation for treatment elsewhere, I for myself, my heirs, successors and assigns, hereby now and forever RELEASE, ACQUIT, and DISCHARGE “TH” and its agents, employees, officers, directors, parent companies, subsidiaries, successors and assigns of and from any and all claims, demands, actions, remedies, causes of action, liability, damages, costs (including reasonable attorney fees), expenses and losses of every kind or nature, whether at this time known or unknown, anticipated or unanticipated, direct or indirect, which I for myself, my heirs, successors, representatives and assigns now have or may have in the future by reason of my use of the facilities, whether caused by the acts or omissions of “TH” or its employees, agents, or representatives, or by any other person or persons. I further give my consent to “TH” and its agents or employees to make arrangements with third parties for medical treatment or transportation to any emergency medical service, physicians, nurses, other medical personnel or hospitals that “TH” and its agents or employees may select, in their sole discretion, and I agree that I will assume full responsibility for payment for such treatment and/or transportation.

I acknowledge that I have carefully read and fully understand all of the provisions contained in this Consent and Release, and that I have freely and voluntarily chosen to agree to the same. I fully understand that this is a full and complete consent and release of any and all claims and that no additional consideration will be paid to me by and party hereby released.

**Client Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

If the person participating is not yet 18 years old: As a parent or legal guardian of the above-named child, I verify that I fully agree to, understand, and accept all provisions of this Waiver, Release, and Consent.

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

**Date** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_

# FASTER MEDICAL HISTORY FORM

NAME		SPORT	GRADE THIS FALL	
DOB	HOME#	HEIGHT	WEIGHT	
PARENT/GUARDIAN		CELL#	WORK#	
EMERGENCY CONTACT (IF DIFFERENT FROM ABOVE)			PHONE #	
DO YOU CURRENTLY HAVE, OR HAVE YOU EVER HAD ANY OF THE FOLLOWING?				
YES	NO		YES	NO
		HEART CONDITION		
		LUNG/BREATHING CONDITION		
		ALLERGIC REACTION TO MEDS		
		EPILEPSY/SEIZURES		
		HIGH BLOOD PRESSURE		
		HERNIA/RUPTURE		
				ARTHRITIS
				PREVIOUS SURGERY
				ALLERGIES
				DIABETES
				BLEEDING (HEMOPHILIA)
				OTHER

IF YOU ANSWERED YES TO ANY OF THE ABOVE, PLEASE EXPLAIN:

DO YOU CURRENTLY YOU CURRENTLY HAVE ANY PHYSICAL RESTRICTIONS, PLEASE EXPLAIN:

HAVE YOU EVER INJURED ANY OF THE FOLLOWING, INCLUDING FRACTURES, DISLOCATION, SPRAINS, STRAINS, CONCUSSIONS, BRUISES? PLEASE INDICATE IF SURGERY WAS NECESSARY.

HEAD/NECK:

NOSE, FACE, TOOTH OR JAW

SHOULDER, ARM OR HAND

BACK, RIBS OR ABDOMEN

HIP, LEG, KNEE, ANKLE OR FOOT

DO YOU WEAR GLASSES/CONTACT LENSES? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

ARE YOU CURRENTLY TAKING ANY MEDICATIONS? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, PLEASE LIST:

**\* SIGNATURE INDICATES STUDENT HAS BEEN SEEN BY PHYSICIAN WITHIN 1 YEAR AND IS CLEARED FOR ACTIVITY**

STUDENT SIGNATURE

\*PARENT/GUARDIAN SIGNATURE (REQUIRED)