

**PROPERTY OF
TRINITY
FASTER
ATHLETICS**

Aggies

WHO

ALL athletes
entering
grades 5-12

WHERE

Velva High
School

WHEN

Mondays and
Wednesdays
9:15am

MAKING
MORE



Goals, Successes,
Championships,
Wins

Possible

DATES

*Starts June 7th
Last Day July 28th

COST

\$110 before May 19
\$125 after May 19

**Are you looking for a
summer program or a
supplement to your
workouts?**

**Join our injury prevention
& performance enhancement
program.**

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



TRINITY
HEALTH



Who: All athletes entering grades 5-12

Where: Velva High School Gymnasium

When: Monday and Wednesday

9:15 am-10:30 am

(Additional sessions may be added if requested)

Program Dates: 8 weeks, Starts June 7th, Last day July 28nd

To be registered must turned in have:

Registration form Medical history form signed waiver Fee

**Questions? Contact Robyn at Sports Medicine for more info 857-3486
or Maci at maci.severson@ndus.edu**

Return bottom

Name: _____ School: _____

Email _____

Parent/Guardian Phone number: _____

I am entering grade _____ I am: Male _____ Female _____

Session: 9:15 am

T-Shirt size: SM MED LG XL XXL

I participate in the following sports: _____

3 goals I have to improve this summer are:

1) _____

2) _____

Turn forms and fees into Office or mail to Trinity Sports Medicine,
101 3rd Ave NE, Suite 102, Minot, 58702 attn: Robyn

**Early Bird Deadline for FASTER is May 19th! Prices increase by \$15
after May 19th. *Deadline May 26th**

*If there are not at least 12 athletes signed up by May 26th, the program will not be offered



**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 _____

SUMMER 2021 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			ARTHRITIS
		LUNG/BREATHING CONDITION			PREVIOUS SURGERY
		ALLERGIC REACTION TO MEDS			ALLERGIES
		EPILEPSY/SEIZURES			DIABETES
		HIGH BLOOD PRESSURE			BLEEDING (HEMOPHILIA)
		HERNIA/RUPTURE			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:

STUDENT SIGNATURE

PARENT/GUARDIAN SIGNATURE (REQUIRED)

DATE _____