



## Training Registration Form

The following information will be kept confidential. Please fill out this form completely. If minor, must be signed by parent or legal guardian. Please make sure to have this with you on your first day of the program.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Mobile Phone: (\_\_\_\_) \_\_\_\_\_  
Athlete E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Parents Names and email: \_\_\_\_\_  
Emergency Contact Name and Phone: \_\_\_\_\_

Sports(JV/Varsity): \_\_\_\_\_ Position: \_\_\_\_\_

School/Club: \_\_\_\_\_ Coach(es): \_\_\_\_\_

What are your specific sport related goals for the upcoming season? \_\_\_\_\_  
\_\_\_\_\_

Have you ever participated in a strength & conditioning program in the past? (Circle) YES NO  
If yes, where and when? \_\_\_\_\_

How did you hear of the BUAEC? \_\_\_\_\_

### Medical History

Are you presently taking any prescribed or over-the-counter medication? YES NO  
(Asthma inhalers, vitamin or mineral supplements, anti-inflammatory)

If 'YES', please describe: \_\_\_\_\_

Have you ever seen a doctor due to a racing heartbeat, irregular, or skipped beats? YES NO

Have you ever had any medical tests for your heart (i.e. EKG)? YES NO

If 'Yes', please specify doctor, test, and date: \_\_\_\_\_

During or after exercise, have you ever: been dizzy or light headed, passed out (fainted), suffered chest pain discomfort or tightness, or had trouble breathing? YES NO

If 'Yes' please describe: \_\_\_\_\_

Do you currently wear custom or generic orthotics in your sneakers? YES NO

Have you had surgery in the past 12 months? YES NO \_\_\_\_\_

Please list and describe the major sports-related injuries that you have suffered:(fractures, dislocations, sprains to a joint, muscle pulls/cramps, shin splints, specific joint pain-knee-shoulder-ankle, spine or back pain, foot problems, tendonitis, or injury not mentioned?)  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been advised to wear a brace or protective device while participating in exercise or competition? YES NO \_\_\_\_\_

Have you ever been medically limited or disqualified from athletic participation? YES NO  
If 'Yes', please describe: \_\_\_\_\_ >>>continued>>>

Is there any other relevant medical information you would like to add that has not been addressed in the above questionnaire? Please describe: \_\_\_\_\_

**Photographic Consent**

By signing below, I hereby authorize Boston University to take and potentially release photographs of me obtained during the course of my training with Boston University Athletic Enhancement Center. The photographs may be used for communication, media and/or educational purposes.

Name of participant: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Legal guardian if participant is under 18 years of age)

**Program Attendance Policy**

Your current training program runs from \_\_\_\_\_ to \_\_\_\_\_ and trains \_\_\_\_\_ days each week. **Once accepted into a training program, there are no refunds. Missed training sessions cannot be made up after the end date of your current program (i.e. \_\_\_\_\_).** We plan our athlete admissions and staffing around registration. To assure maximal performance gains and optimal service regular attendance is expected and encouraged. Personal training clients will be billed for training sessions if there is a failure to cancel 24 hours prior to training time.

Any athlete found to be disruptive, inappropriate, disrespectful, or habitually absent will be removed from the program at the AEC Director’s discretion. **NO REFUNDS** will be given in the above cases.

**I hereby affirm that I (my son/daughter) has been cleared by a physician to participate in strength and conditioning training and has had a medical physical in the past calendar year. I authorize my (son’s/daughter’s) participation in strength training and mental conditioning at the BUAEC. In the event of an emergency and the athlete’s parent/guardian or contact cannot be reached, by signing below you grant permission for the BUAEC coordinator, or staff member, to make any medical emergency decisions for you (regarding your child).**

Participant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

-----  
**BUAEC TRAINING INFO**

\_\_\_\_\_ is registered for \_\_\_\_\_

from \_\_\_\_\_ until \_\_\_\_\_ and trains \_\_\_\_\_ (days) at \_\_\_\_\_ (time).

Attendance is mandatory, participation in our program is a commitment like any team/program you are involved with throughout the year. If you cannot make a session due to illness or a prior commitment please give us as much advanced notice as possible. No-shows or unexcused sessions will count against you. Nutrition is an important part of our program—be prepared to record your daily food/beverage intake. We often communicate via email - please list an email address that is current. Parking is available on street or in the BU lot for a fee. Our contact info:  
email: [buaec@bu.edu](mailto:buaec@bu.edu) web: [www.bu.edu/aec/](http://www.bu.edu/aec/) phone: 617-353-0313