

# Registration Form / Health Questionnaire



Date: \_\_\_\_\_

1. Name: \_\_\_\_\_  
Last First Middle Initial

2. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. School/Sports: \_\_\_\_\_

4. Positions Played in Sport: \_\_\_\_\_ 5. Sex: \_\_\_M \_\_\_F

6. Age: \_\_\_\_\_ 7. Birthdate: \_\_\_/\_\_\_/\_\_\_ 8. Height: \_\_\_\_\_ 9. Weight: \_\_\_\_\_

10. Email Address: \_\_\_\_\_

11. Clinic: \_\_\_\_\_ Phone #: \_\_\_\_\_

12. Doctor: \_\_\_\_\_

13. Have you ever been diagnosed with any of the following?  
 Coronary Heart Disease     Heart Disease     Rheumatic Heart Disease  
 Stroke     Congenital Heart Disease     Epilepsy  
 Heart Murmurs     Diabetes     Hypertension  
 Cancer     Seizures     Angina  
 Other

Please explain: \_\_\_\_\_  
\_\_\_\_\_

14. Do you have any of the following?  
 Back Pain  
 Joint, tendon, or muscular pain  
 Lung disease (asthma, emphysema, other)

Please explain: \_\_\_\_\_  
\_\_\_\_\_

15. Have you experienced chest pain due to physical activity? Yes No

16. Have you experienced chest pain within the last month? Yes No

17. Have you lost consciousness or fallen due to dizziness? Yes No

18. Are you under a doctor's supervision for any illness or physical condition that may affect your ability to exercise? Yes No

Condition: \_\_\_\_\_

19. Are you pregnant? Yes No

20. Please list any medications you take on a regular basis: \_\_\_\_\_

**Consent Form:** I hereby consent to having myself or my child participate in the POWER Program Enhancement program. I understand that there are risks involved in such participation and that it is the responsibility of each participant to engage in only those activities for which he/she has the necessary preparation and skill. I relinquish Sanford USD Medical Center, Sanford Wellness Center and POWER Center from all liability. I certify that myself or my child is medically fit to participate in this program and hereby authorize the staff to act for me in an emergency requiring medical attention for myself or my child, according to their best judgement. If I or my child has a pre-existing injury or medical condition, a written clearance from the physician is required before I or my child can participate.

Participant's Signature: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Parent's or Guardian's Signature: \_\_\_\_\_

(if participant is under 18)

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

<b>PROGRAM</b>	<b>SESSIONS</b>	<b>DURATION</b>	<b>RATE</b>
<b>Power 3</b> Speed, agility, flexibility, strength	24	1.5 hr	\$320 per athlete
<b>Power 5</b> Speed, agility, flexibility, strength	24	1.5 hr	\$190 per athlete
<b>Power 6</b> Speed, agility, flexibility, strength	24	1.5 hr	\$160 per athlete
<b>Power 8</b> Speed, agility, flexibility, strength	24	1.5 hr	\$140 per athlete
<b>Imet</b>			\$100 per session
<b>Power Personal Training 1 on 1</b>	1	1 hr	\$32 per session
<b>Power Personal Training 2 on 1</b>	1	1 hr	\$40 per session
<b>Circuit Training</b> Must be pre-paid for the week.	3		\$18 week
<b>PrePower</b> Ratio 1:8		1.25 hr	\$25 per youth
<b>Power Mobile @ High Schools</b>			
6 Week (2x a week)	12		\$45 per athlete
8 Week (2x a week)	16		\$56 per athlete
<b>Power Summer Satellite @ High Schools</b>			
Ratio 1:8 (4x a week)	32		\$117 per athlete
<b>POWER Center:</b> <b>6320 S. Cliff Aveune, 328-1660</b> Monday - Friday • 5:30 a.m. – 9 p.m. Saturday • 7 a.m. – 7 p.m. Sunday • Noon – 7 p.m. (if scheduled)			<b>POWER Program at Sanford Wellness Center</b> <b>4201 S. Oxbow Avenue, 328-1611</b> Monday - Friday • 5:30 a.m. – 10 p.m. Saturday • 7 a.m. – 6 p.m.

**POWER Center Lease Rates • For available times, call (605) 328-1660**

<b>Surface</b>	<b>Duration</b>	<b>Rate</b>
Turf	1 hour	\$85
Basketball Court	1 hour	\$50
Track	1 hour	\$50

