ACCELERATION INDIANA
Sports Training Centers
a proud member of the ATHLETIC REPUBLIC

Training and Scheduling Policies

TRAINING FEES Training fees are to be paid at the first training session and become non-refundable at that time. The training program is designed to be completed in **6-8 weeks** in order to achieve optimal results. If after **90 days** training has not been completed, **your remaining sessions will be forfeited**. If failure to complete the program is due to competitive athletic participation, time constraints, or a physician's advice, arrangements to extend your training period must be made and approved by the director, *prior to the 90-day expiration date.*

INFORMATION Participants must complete medical history forms and read and sign the Informed Consent and Waiver of Liability forms before beginning training. During training, please inform us of **any** injury you sustain between your scheduled appointments with Acceleration Indiana.

SCHEDULING All training is done by appointment only. Treadmill and plyometric sessions are scheduled on the hour. Sport Cord training sessions may be scheduled on the hour or the half hour. **Participants need to arrive 15 minutes before their scheduled appointment to ensure adequate time for warm-up**.

FAILURE TO SHOW FOR AN APPOINTMENT If an athlete fails to show for a scheduled training session, they **will forfeit a paid training session**. For example, if you have paid for twelve sessions, you will only receive 11; the 12th session will be eliminated from your program. The forfeited session may be reinstated for an additional fee.

CANCELLATION POLICY

- Cancellations need to be made **24 hours in advance** or the athlete will either be charged **$30** for that session or forced to **forfeit** that training session.
- **Saturday** appointments must be cancelled before **9:00AM on Friday**.
- If you call after hours on the day before your appointment, please leave a voicemail message to ensure that you will not be charged for the cancellation.
- **If you wake up sick the morning of your appointment, please call before 8:00 AM** to cancel your appointment; **leave a voicemail message** to ensure that you will not be charged for the cancellation.
- If you find it necessary to cancel a same day appointment, please be considerate and call as early as possible so we may make necessary changes for our staff and other athletes. Same day cancellation results in a forfeit of that session and/or a $30 charge to reinstate that session.

LATE FOR A SCHEDULED APPOINTMENT

- If you are going to be late, please call and let us know your situation.
- If you are late, you will receive a modified training session to fit the remaining time left of your session.

RECORDING DEVICES

- No visual or audio recording of any type is allowed in this facility.
- Special situations may be allowed, but require written approval from the Facility Manager.

Parent's Name (**please print**):_____ Phone:_____

Signature:_____Date:_____

NORTH: 9247 Castlegate DR. • Indianapolis, Indiana 46256 • 317.842.2702
WEST: 5801 W. 73rd St. • Indianapolis, Indiana 46278 • 317.759.2200
www.accelindy.com

INFORMED CONSENT and WAIVER of LIABILITY

Thank you for choosing to use the facilities, services, or programs of Acceleration Indiana, Inc. Please read and sign the following informed consent agreement. If you have any questions please ask them.

Name (of Participant):_____Phone:_____

Address:_____

1. **MY PARTICIPATION IS VOLUNTARY** and I may withdraw from the evaluation or program at any time. The benefits associated with my participation include information regarding my personal state of fitness and the increase of my physiological knowledge.

2. **TRAINING AND TESTING** will be done by the staff of Acceleration Indiana, Inc.

3. **I HEREBY CONSENT TO AND PERMIT** Acceleration Indiana, Inc. to use the data obtained in reports or publications, but my identity will not be associated with such reports unless I have given specific written permission to do so.

4. **DISCLOSURES ABOUT RISKS AND DISCOMFORT**
    - I know that there are risks of injury associated with any activity involving physical exercise. Generally, injuries that might be encountered are minor and temporary, such as strains, sprains, pulled muscles, bruises, scrapes and the like, but I am aware that serious and even life-threatening injuries can occur.
    - During the Frappier Acceleration® Program or the Frappier Ground Based Acceleration Program, as well as during any vigorous exercise, there exists the possibility of certain changes and risks during the workouts. These may include abnormal blood pressure, a feeling of being light headed, nausea, disorders of heartbeat and, in rare instances, heart attack or stroke. Every effort will be made to minimize these abnormalities by observation during the workout.

    - I understand that observation in the training area of the participants' activities by the participants, family, friends, or guests should be undertaken at his/her sole risk, and the training center shall not be liable for any injuries or any damage to any participant or guest, or the property of any participant or guest. I acknowledge that there is risk of bodily injury to anyone observing the participants training due to potential collision with another participant or staff member, impact by a ball, bat, puck, stick or other sports device being used by a participant, or by accidental contact with any training equipment (mechanical or electrical) being used by training center participants or staff member.
    - I voluntarily accept the risks associated with my participation in the Program. To lessen the risks of injury, I understand that it is my responsibility to:
        - Follow all directions given to me by the Program staff.
        - Provide accurate information about my medical condition and history to the Program staff.
        - Make sure any equipment that I use is properly set up and adjusted before using.
        - Stop exercising if I feel any pain, discomfort, dizziness, shortness of breath, overheating or other unusual sensation and not resume until I have discussed the matter with the Program staff and have been cleared for further participation.
        - Not perform any exercise until I am sure of the proper technique.
        - Report equipment that I find defective or in need of repair and not use it until fixed.
        - Obey all rules concerning the use of equipment, facilities, or the Program.
        - Ask questions if I am uncertain about anything involving the equipment, facilities, or Program.

5. SPECIAL CONSIDERATIONS

- During my participation in the Acceleration Indiana Training and Testing Programs there will be times that I will experience one on one contact with staff members. The Acceleration Indiana staff may be instructing me on proper partner stretching which I may perform on a daily basis prior to my workouts. A staff member or another program participant may perform these stretches.
- For my safety during treadmill workouts, I understand that an Acceleration Indiana staff member will spot me. This requires the placement of the hand in the lumbar-sacral area to stabilize my trunk and assist me as I run, especially during elevation running. I understand, and consent to, such one on one contact, as well as other training related touching or contact.

6. To recognize the performance improvements and accomplishments of our athletes, we will at times post their name, accomplishment, and school or team within our facility. An additional and new form of recognition is to post accomplishments on our web site (www.accelindy.com). **I hereby consent to and permit Acceleration Indiana** to use my name, accomplishments, school and/or team on the above web site.
   Yes, I approve: _____
   No, please do not use my name: _____

7. **1st Aid Treatment** – I authorize Certified Acceleration Indiana staff the right to administer first aid and/or CPR in the event of a situation that requires such intervention, based on the judgment of the Acceleration Indiana Staff.

   Signature of the Participant or Parent/Guardian_____ Date:_____

8. **In the event of physical injury resulting from the evaluation procedures, equipment usage or equipment testing, no medical treatment or monetary compensation will be provided by Acceleration Indiana, Inc. I must look to my own health insurance policies.**

9. I acknowledge that Acceleration Indiana, Inc. is relying on all information provided by me regarding my medical history and condition before allowing me to participate in any evaluation or program. I certify the information provided to be true and correct.

_____ _____ _____
Name of Participant (Print) Signature of Participant Date

If the participant is under 18 years of age, parental/guardian consent is required. I have read, understand and agree to all of the above. I represent that we currently have medical insurance and I consent to _____ participating in the evaluation and program.

_____ _____ _____
Name of Parent or Guardian (Print) Signature of Parent or Guardian Date

Date: _____ Height: _____ Weight: _____

Name: _____
First Middle Last

Address: _____
Number and Street City State Zip

Date of Birth: _____/_____/_____ Sex: M or F Email: _____

Home Phone: ( ) _____ Work Phone: ( ) _____ Cell Phone: ( ) _____

Team or Club: _____ School: _____

Sport(s):_____ Position(s): _____

Health History: It is **very important** that you give us **accurate and complete information** about your medical history and condition as treatment and training programs or procedures recommended will be based on such information. **Please answer all the questions below.**

1. Have you or your immediate family (brother, sister, mother, father, grandparent) had any of the following:

	Self	Family		**Self**	Family		**Self**	Family
Bronchitis	_____	_____	Dyspnea	_____	_____	Angina	_____	_____
Emphysema	_____	_____	Heartburn	_____	_____	Heart Murmur	_____	_____
Asthma	_____	_____	Vertigo	_____	_____	Rheumatic Fever	_____	_____
Diabetes (type I or II)	_____	_____	Arthritis	_____	_____	Arrhythmia	_____	_____
Pneumonia	_____	_____	Hypertension (BP)	_____	_____	Phlebitis	_____	_____
Pleurisy	_____	_____	Hypotension (BP)	_____	_____	Aneurysm	_____	_____
Fibrosis	_____	_____	Heart Attack	_____	_____	Thrombosis	_____	_____
Tuberculosis	_____	_____						

2. If you have Asthma, is it exercised induced? _____ Do you have an inhaler?_____
   Please bring it to your workout sessions.
3. Please list any surgeries you have had performed. (Include Dates)

_____

4. Has any immediate family member had cardiac or pulmonary surgery? Specify, please.

_____

5. Are you currently taking or presently under any medications? Please include vitamins and dietary supplements.
   Specify, please. _____
6. Have you ever been advised by a physician to avoid any type of exercise? Specify, please.

_____

7. Have you had a concussion? _____ If yes, approximate date. _____ Have you been cleared by an M.D. to resume physical activity? _____
8. Have you had an injury to your lower extremity in the past year? (yes/ no) If yes, what was the date and the injury?_____
   When were you cleared to return to your sport?_____
9. Have you ever experienced fainting, dizzy spells, or seizures? Please specify: _____
10. Have you ever had difficulty breathing? _____
11. Do you smoke? _____ If yes, how much? _____
12. When was your last physical or medical exam? _____eye exam?_____ month / year (Approx.)
13. Are you currently participating in a regular exercise program? _____ Type: _____
14. Is there any other health condition that might limit your participation in a fitness program?
    Specify, please. _____

Signed: _____
Participant

_____
Parent or Guardian (if Participant is under 18 years of age)