



## FULL-TIME ATHLETE REGISTRATION FORM

PROGRAM INTEREST: HIGH SCHOOL: \_\_\_\_\_ POST-GRADUATE: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

NAME (Last, First, Middle): \_\_\_\_\_

CURRENT SCHOOL: \_\_\_\_\_ LEVEL: Middle School / High School

SPORT: \_\_\_\_\_ POSITION: \_\_\_\_\_

**MAILING ADDRESS:**

Street: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**BILLING ADDRESS: (If Different)**

Street: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**PHONE:**

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Business: \_\_\_\_\_ Fax: \_\_\_\_\_

**PERSONAL INFORMATION:**

DOB: (mm/dd/yy) \_\_\_\_\_ Age: \_\_\_\_\_

GENDER: Male \_\_\_\_ Female \_\_\_\_

Marital Status: S \_\_\_\_\_ M \_\_\_\_\_

SHIRT SIZE (circle one): S M L XL 2XL

Spouse's name: \_\_\_\_\_

DOB: (mm/dd/yy): \_\_\_\_\_

Child's Name: \_\_\_\_\_

DOB: (mm/dd/yy): \_\_\_\_\_

Child's Name: \_\_\_\_\_

DOB: mm/dd/yy: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

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

**EMERGENCY PHONE:**

Home: \_\_\_\_\_

Relation: \_\_\_\_\_

Cell: \_\_\_\_\_

Please fax or send to: "High School or Post Grad Admissions" to any of the following offices:

**Las Vegas, Nevada**  
121 East Sunset Road, Las Vegas, NV 89119

**Los Angeles, California**  
18420 Hart St, Reseda, CA 91335

**Sarasota, Florida**  
582 Mcintosh Rd. Sarasota, FL 34232.

**Novi, Michigan**  
44125 W. 12 Mile Road E123, Novi, MI 48377

Tel: (702) 257-8911  
Fax: (702) 257-9411  
Email: [info@impactbball.com](mailto:info@impactbball.com)

Tel: (818) 705-6500 x 179  
Fax: (818) 996-6836  
Email: [info@impactbball.com](mailto:info@impactbball.com)

Tel: (941) 342-1600  
Fax: (941) 371-1750  
Email: [tcarollo@impactbball.com](mailto:tcarollo@impactbball.com)

Tel: (248) 747-8483  
Email: [kknight@impactbball.com](mailto:kknight@impactbball.com)



**INSURANCE INFORMATION:**

Insurance Name: \_\_\_\_\_  
Insured's Name: \_\_\_\_\_  
Insured's DOB: \_\_\_\_\_  
Policy #: \_\_\_\_\_  
Group #: \_\_\_\_\_  
SS #: \_\_\_\_\_

**INSURANCE ADDRESS & PHONE:**

Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**IF YOU ARE UNDER THE AGE OF 18, PLEASE FILL OUT THE FOLLOWING:**

Father's Name: \_\_\_\_\_

**Address (if different than yours):**

Street: \_\_\_\_\_ Apt#: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Misc: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

**Address (if different than yours):**

Street: \_\_\_\_\_ Apt#: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Misc: \_\_\_\_\_

**Please fax or send to: "High School or Post Grad Admissions" to any of the following offices:**

**Las Vegas, Nevada**  
121 East Sunset Road, Las Vegas, NV 89119  
**Tel:** (702) 257-8911  
**Fax:** (702) 257-9411  
**Email:** [info@impactbball.com](mailto:info@impactbball.com)

**Los Angeles, California**  
18420 Hart St, Reseda, CA 91335  
**Tel:** (818) 705-6500 x 179  
**Fax:** (818) 996-6836  
**Email:** [info@impactbball.com](mailto:info@impactbball.com)

**Sarasota, Florida**  
582 Mcintosh Rd. Sarasota, FL 34232.  
**Tel:** (941) 342-1600  
**Fax:** (941) 371-1750  
**Email:** [tcarollo@impactbball.com](mailto:tcarollo@impactbball.com)

**Novi, Michigan**  
44125 W. 12 Mile Road E123, Novi, MI 48377  
**Tel:** (248) 747-8483  
**Email:** [kknight@impactbball.com](mailto:kknight@impactbball.com)

# RELEASE AND WAIVER OF LIABILITY

## RELEASE AND WAIVER OF LIABILITY

I understand that this Release And Waiver Of Liability governs all rights and liabilities relating in any way to the receipt by me from Abunassar Impact Basketball, LLC and/or its agents of Services, as that term is defined below. I have read, understand, and agree to be bound by the terms below.

### Definitions

"Services" shall mean any and all manner of goods and services offered by Abunassar Impact Basketball, LLC or any other Released Party to you. These services, which may take the form of training, treatment, consulting, and the like, expressly include but are not limited to: evaluations; rehabilitation; reconditioning; performance planning; performance training (including strength & conditioning training, speed & quickness training, plyometric training, and the like); recovery and regeneration training; sports nutrition consultation; supplement and nutrition provision; any consultation related to any item in this list; injury reduction and treatment; technical and tactical instruction; performance enhancement.

"Training" shall mean any act, omission, or other activity required of you or carried out by you in relation to the Services.

"Released Parties" shall mean all Abunassar Impact Basketball, LLC staff and employees and all related governmental entities, adidas, along with, in relation to the previously-listed respective Released Parties, all of their officers, directors, shareholders, insurers, partners, employees, employers, agents, successors, contractors, assigns, affiliates, parent corporations, affiliated corporations, and subsidiary corporations.

### Terms And Provisions

The risk of injury from participation in sporting events and other strenuous physical activity, including Training, is significant, including the potential for permanent paralysis, other serious injury, and/or death. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS** of participation in Training, including, without limitation, risk arising from or relating in any way to the condition of the facilities, equipment, fields, and surrounding premises, the actions of persons other than myself, my own actions, and travel to and from the Training. **I UNDERSTAND THAT THE RELEASED PARTIES MAKE NO WARRANTIES** and shall in no event be responsible or liable for the defective or dangerous condition of the facilities, equipment, fields, and surrounding premises, except to the extent such condition(s) result(s) solely from the gross negligence or intentional acts of a Released Party.

**I AGREE THAT THE RELEASED PARTIES SHALL NOT BE LIABLE** for any claims, demands, injuries, damages, actions, or causes of action that arise in whole or in part due to the simple negligence of the Released Parties, or any of them. **FURTHERMORE, I FOREVER RELEASE AND DISCHARGE, AND AGREE TO INDEMNIFY AND HOLD HARMLESS**, the Released Parties from and in relation to all claims, demands, injuries, damages, actions, or causes of action that arise from or relate in any way to my participation in the Training, other than such claims, demands, etc. that arise solely from the gross negligence or intentional acts of a Released Party **I FURTHER WARRANT AND CERTIFY** that I have no health conditions or defects that would prevent me from participating safely in the Training, that I have taken every reasonable act necessary to make this warranty and certification in relation to such participation, and that I am otherwise sufficiently fit and healthy to so participate.

**I WARRANT AND UNDERSTAND** that it is my sole and personal responsibility to obtain insurance to compensate for any and all injuries which might arise from my participation in the Training, and furthermore agree to look solely to such insurance to cover losses resulting from any injuries, regardless of fault, and waive all rights of subrogation on behalf of any and all Released Parties which may now or ever exist as a result of such insurance.

**IN ANY EVENT, THE LIABILITY OF A RELEASED PARTY TO ME FOR ANY REASON AND UPON ANY CAUSE OF ACTION SHALL NOT EXCEED THE AMOUNT ACTUALLY PAID BY ME TO Abunassar Impact Basketball, LLC DURING THE TWELVE MONTHS IMMEDIATELY PRECEDING MY ASSERTION OF SUCH CLAIM. THIS LIMITATION APPLIES TO ALL CAUSES OF ACTION IN THE AGGREGATE, INCLUDING, WITHOUT LIMITATION TO EQUITY, BREACH OF CONTRACT, BREACH OF WARRANTY, NEGLIGENCE, STRICT LIABILITY, MISREPRESENTATIONS, AND OTHER TORTS.**

If any paragraph, subparagraph, sentence or clause of this Agreement shall be adjudged illegal, invalid or unenforceable, the balance of the Agreement shall remain in full force and effect. This Agreement shall be construed and interpreted under Nevada law. Any lawsuit or claim arising from or relating in any way to Training, Services, and/or this Agreement shall be brought, if at all, in Clark County, Nevada.

**I have read this Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily. I acknowledge that I have received valuable consideration in relation to my execution of this Agreement, which I understand to be a prerequisite to my receipt of Services. Finally, I understand that this Agreement shall be of full force and effect as to any and all Services I receive from the Released Parties, without regard to the date or timing of such service.**

\_\_\_\_\_  
Print Name (a Minor)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Gaurdian - Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## INSURANCE INFORMATION

Our Director of Athlete Recruiting will review the Abunassar Impact Basketball, LLC physical therapy insurance invoicing process with you.

**Physical therapy services include, but are not limited to:**

- Evaluation/Re-Evaluations
- Manual Therapy
- Joint Mobilizations
- Ultrasound
- Electric Stimulation/Biofeedback
- Therapeutic Exercise
- Range of Motion/Flexibility
- Ice/Heat
- Iontophoresis/Phonophoresis
- \*Orthotics (Athlete will be responsible for orthotic services/inserts **not reimbursed** by insurance company).

## CONSENT TO TREAT

I understand that I may require some form of rehabilitative or preventative treatment during my stay at Abunassar Impact Basketball. I also could be referred for rehabilitative treatment to Abunassar Impact Basketball, LLC via a self-referral or referral from a physician. In such cases, an individual treatment plan will be described for me. I understand that I have the right to ask and have any questions answered prior to receiving any treatment, including any risks or alternatives to the treatment plan that has been prescribed by my physician and/or recommended by my therapist. By signing this agreement, I consent to have Abunassar Impact Basketball provide treatment and care as necessary for rehabilitation of an injury or injury prevention.

The statements are true and complete to the best of my knowledge. I understand, fully, the payment policy and billing procedures of Abunassar Impact Basketball. I hereby authorize Abunassar Impact Basketball to furnish my insurance company(s), privately contracted medical billing provider (Platinum Medical Billing), attorney, or legal representative all information, which said parties might request concerning my present illness or injury. I hereby assign Abunassar Impact Basketball all money to which I am entitled for medical expenses related to the service reported herein, but not to exceed my indebtedness to Abunassar Impact Basketball. I certify by my signature that I have read and agree to this information.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Patient's Name (Please Print)

\_\_\_\_\_  
Guardian Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient  
(self, parent, guardian, spouse, etc.)

**Please fax or send to: "High School or Post Grad Admissions" to any of the following offices:**

**Las Vegas, Nevada**  
121 East Sunset Road, Las Vegas, NV 89119

**Tel:** (702) 257-8911  
**Fax:** (702) 257-9411  
**Email:** [info@impactbball.com](mailto:info@impactbball.com)

**Los Angeles, California**  
18420 Hart St, Reseda, CA 91335

**Tel:** (818) 705-6500 x 179  
**Fax:** (818) 996-6836  
**Email:** [info@impactbball.com](mailto:info@impactbball.com)

**Sarasota, Florida**  
582 Mcintosh Rd. Sarasota, FL 34232.

**Tel:** (941) 342-1600  
**Fax:** (941) 371-1750  
**Email:** [tcarollo@impactbball.com](mailto:tcarollo@impactbball.com)

**Novi, Michigan**  
44125 W. 12 Mile Road E123, Novi, MI 48377

**Tel:** (248) 747-8483  
**Email:** [kknight@impactbball.com](mailto:kknight@impactbball.com)



## PAST MEDICAL HISTORY FORM

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Have you had an injury before?             Yes             No  
 If yes, please list your injuries (most recent first):

\_\_\_\_\_

\_\_\_\_\_

2. Check which apply to your current condition:  
 Athletic injury             Work related injury             Injury related to lifting             Other \_\_\_\_\_  
 Cause unknown             Injury related to falling             Motor vehicle accident

3. Have you had a surgery related to any of your injuries?             Yes             No  
 If yes, please specify the date: \_\_\_\_\_

4. If you are female, is it possible you are pregnant?             Yes             No

5. Do you have, or have you had, any of the following:

	Yes	No		Yes	No
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Hypoglycemia	<input type="checkbox"/>	<input type="checkbox"/>
Chest Pain/ Angina	<input type="checkbox"/>	<input type="checkbox"/>	Osteoarthritis	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>
Heart Attack	<input type="checkbox"/>	<input type="checkbox"/>	Seizures	<input type="checkbox"/>	<input type="checkbox"/>
Heart Palpitations	<input type="checkbox"/>	<input type="checkbox"/>	Metal Implants	<input type="checkbox"/>	<input type="checkbox"/>
Pacemaker	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness/ Fainting	<input type="checkbox"/>	<input type="checkbox"/>
Headaches	<input type="checkbox"/>	<input type="checkbox"/>	Fractures	<input type="checkbox"/>	<input type="checkbox"/>
Kidney Problems	<input type="checkbox"/>	<input type="checkbox"/>	Surgeries	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Skin Abnormalities	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	Nausea/ Vomiting	<input type="checkbox"/>	<input type="checkbox"/>
Bowel/ Bladder Dysfunction	<input type="checkbox"/>	<input type="checkbox"/>	Ringing in Your Ears	<input type="checkbox"/>	<input type="checkbox"/>
Urine Leakage	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatoid Arthritis	<input type="checkbox"/>	<input type="checkbox"/>
Asthma/ Breathing Problems	<input type="checkbox"/>	<input type="checkbox"/>	Smoking	<input type="checkbox"/>	<input type="checkbox"/>
Liver/ Gallbladder Problems	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>

If you answered **YES** to any of the items above, please briefly explain and give the date. Include any other pertinent information regarding your past medical history: \_\_\_\_\_

6. Do you have any allergies (including medicines or supplements)?             Yes             No  
 If yes, please explain \_\_\_\_\_

7. Are you presently taking any medication?             Yes             No  
 If yes, please list the medication and what condition it is for: \_\_\_\_\_

**Please fax or send to: "High School or Post Grad Admissions" to any of the following offices:**

**Las Vegas, Nevada**  
 121 East Sunset Road, Las Vegas, NV 89119  
  
 Tel: (702) 257-8911  
 Fax: (702) 257-9411  
 Email: [info@impactball.com](mailto:info@impactball.com)

**Los Angeles, California**  
 18420 Hart St, Reseda, CA 91335  
  
 Tel: (818) 705-6500 x 179  
 Fax: (818) 996-6836  
 Email: [info@impactball.com](mailto:info@impactball.com)

**Sarasota, Florida**  
 582 Mcintosh Rd. Sarasota, FL 34232.  
  
 Tel: (941) 342-1600  
 Fax: (941) 371-1750  
 Email: [tcarollo@impactball.com](mailto:tcarollo@impactball.com)

**Novi, Michigan**  
 44125 W. 12 Mile Road E123, Novi, MI 48377  
  
 Tel: (248) 747-8483  
 Email: [kknight@impactball.com](mailto:kknight@impactball.com)



## INSURANCE INFORMATION

1. **Beneficiary:** Abunassar Impact Basketball LLC  
2. **Receiving Bank:** Torrey Pines Bank  
Symphony Towers 750 B Street Suite # 100  
San Diego CA 92101\
3. **ABA # 122243635**  
4. **A/C # 4110007380**

## CREDIT CARD INFORMATION

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

Each athlete is **REQUIRED** to have a credit card number on file. This card may be used for the following:

**Medical** - In the event of emergency and medical services.

**Purchases** - Purchases for café food, supplements, apparel, etc.

**Balances Due** - ANY BALANCE THAT HAS NOT BEEN PAID WITHIN TWO WEEKS OF YOUR DEPARTURE WILL AUTOMATICALLY BE CHARGED TO YOUR CREDIT CARD.

\*For summer camp sessions; full payment is due 30 days prior to arrival. Payment is transferable depending on availability.

### Credit Card Information

Card: VISA / MASTER CARD / AMERICAN EXPRESS

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date \_\_\_\_\_

Billing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Please fax or send to: **“High School or Post Grad Admissions”** to any of the following offices:

**Las Vegas, Nevada**  
121 East Sunset Road, Las Vegas, NV 89119

**Tel:** (702) 257-8911  
**Fax:** (702) 257-9411  
**Email:** [info@impactbball.com](mailto:info@impactbball.com)

**Los Angeles, California**  
18420 Hart St, Reseda, CA 91335

**Tel:** (818) 705-6500 x 179  
**Fax:** (818) 996-6836  
**Email:** [info@impactbball.com](mailto:info@impactbball.com)

**Sarasota, Florida**  
582 Mcintosh Rd. Sarasota, FL 34232.

**Tel:** (941) 342-1600  
**Fax:** (941) 371-1750  
**Email:** [tcarollo@impactbball.com](mailto:tcarollo@impactbball.com)

**Novi, Michigan**  
44125 W. 12 Mile Road E123, Novi, MI 48377

**Tel:** (248) 747-8483  
**Email:** [kknight@impactbball.com](mailto:kknight@impactbball.com)