



## ATHLETE REGISTRATION

TODAY'S DATE: \_\_\_\_\_ ARRIVAL : \_\_\_\_\_ DEPARTURE: \_\_\_\_\_

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

TEAM: \_\_\_\_\_

YEARS: \_\_\_\_\_

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

### MAILING ADDRESS:

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

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

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

### BILLING ADDRESS: (If Different)

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

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

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

ATHLETE'S E-MAIL ADDRESS: \_\_\_\_\_

### ATHLETE'S PHONE:

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ TEXT (circle one): Y / N

### ATHLETE'S PERSONAL INFORMATION:

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

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

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

SHIRT SIZE (circle one): M L XL 2XL 3XL

### EMERGENCY CONTACT INFORMATION:

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

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

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

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

### INSURANCE INFORMATION:

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

Address: \_\_\_\_\_

Insured's Name: \_\_\_\_\_

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

SS#: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Policy #: \_\_\_\_\_

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

Group #: \_\_\_\_\_

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

Please fax or send to: **“Summer Camp 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)

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**Sarasota, Florida**  
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Tel: (941) 342-1600  
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**Novi, Michigan**  
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Tel: (248) 747-8483  
Email: [kknight@impactbball.com](mailto:kknight@impactbball.com)

## 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 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.

I, the undersigned, being aware of my own health and physical condition, and having knowledge that my participation in the Training may cause injury, am voluntarily choosing to participate in the program. There are always certain risks associates with any physical activity. I understand these risks and declare myself physically sound and capable to participate in the Training.

### 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. In making this activity available for your Training, Abunassar Impact Basketball, LLC assumes no responsibility for injury. The responsibility is assumed only by the undersigned.

In consideration of services or property provided, I, for myself, my heirs, personal representatives and assigns, do hereby release, waive, discharge and covenant not to sue Released Parties and their respective board members, officers, agents, advisors, employees, affiliates, members, volunteers, staff, heirs, assigns and representatives from any and all claims including, not by way of limitation, any claims arising from negligence of Released Parties or any of them resulting in personal injury, accidents or illnesses (including death) and/or property loss arising from or relating in any way to participation in the Training, the use of facilities in connection with the Training, and/or travel before, during or after the Training.

I agree to indemnify and hold harmless Released Parties from any and claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorneys fees, and to reimburse Released Parties from any such expense incurred in connection with or as a result of (1)(a) the undersigned's participation in the Training or (b) travel associated with the Training or (2) arising in connection with or as a result of any attempt by anyone, including, not by way of limitation, the undersigned or anyone claiming on the undersigned's behalf, to avoid the terms of this document which I freely sign.

**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.**

### Photo/Video Disclaimer

Abunassar Impact Basketball, LLC has my permission to use my photograph, video and audio recordings in future publications, web pages, and other promotional materials produced. I understand the circulation of the materials could be worldwide and that there will be no compensation to me for this use.

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, including the right to sue, and sign it freely and voluntarily. I knowingly assume all such risks and elect to proceed with the Training despite all the risks.**

**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.**

**"Having such knowledge, I do hereby release Abunassar Impact Basketball, LLC of all liability related to injuries or accidents to myself which may occur as a result of participation in the Training. I hereby assume all risks connected therewith and consent to participate in the Training. "Having such knowledge, I do hereby release Abunassar Impact Basketball, LLC of all liability related to injuries or accidents to myself which may occur as a result of participation in the Training. I hereby assume all risks connected therewith and consent to participate in the Training."**

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date



## INSURANCE INFORMATION

Our director of athlete recruiting will review 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 Name (Please Print)                      Patient's Signature                      Date

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**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  
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**Sarasota, Florida**  
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**Tel:** (941) 342-1600  
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**Novi, Michigan**  
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**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

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

\_\_\_\_\_

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

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

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

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: \_\_\_\_\_

\_\_\_\_\_

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

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

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## 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: \_\_\_\_\_

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