

Dynamite Sports Speed Academy

Youth Registration Form

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|---|-----------------|-----------------------------------|-------------------------------------|------------------------|
| Applicant's Name | | Parent/Guardian's Name | | |
| Address | | City | State | Zip |
| Day Phone | Evening Phone | | Parent/Guardian's Email | |
| Date of Birth | Gender (M or F) | Height | Weight | Dominant Side (L or R) |
| Grade | School | Sports or Recreational Activities | | |
| In Case of Emergency, Contact (Name & Phone #) | | | | |
| Physician's Name | | Physician's Phone # | | |
| How did you hear about Dynamite Sports Speed Academy? (Please put a check mark next to one) | | | | |
| Internet | Brochure | Magazine Advertisement | Another Dynamite Sports Speed Event | Referred by: |

Youth Health & Medical Information

| | | | | | |
|--|---|---|--|---|---|
| Do you have any medical problems? | Y | N | Do you have a heart murmur? | Y | N |
| Do you have allergies? | Y | N | Do you have a family history of heart problems? | Y | N |
| Have you ever had surgery? | Y | N | Do you have problems breathing during or after exercise? | Y | N |
| Do you take medication? | Y | N | Have you ever had mononucleosis? | Y | N |
| Have you ever not been allowed to participate in sports? | Y | N | Do you have any vision problems? | Y | N |
| Have you ever passed out during or after exercise? | Y | N | Do you have diabetes? | Y | N |
| Have you ever been dizzy during or after exercise? | Y | N | Do you have asthma? | Y | N |
| Do you have high blood pressure? | Y | N | Do you use any special equipment (brace, pads, etc.)? | Y | N |
| Do you have chest pains during or after exercise? | Y | N | Are currently receiving physical therapy care? | Y | N |
| Have you ever had a seizure? | Y | N | Any other medical conditions not listed | Y | N |

Please explain all Yes answers from the questions above:

Photo & Video Waiver

I give permission for my child's photo to be used in any promotional material, such as a brochure, website, social media outlet, or print media advertisement, solely for the purpose of promoting Dynamite Sports Speed Academy and /or Dynamite Sports Speed Camps & Clinics.

I give permission for my child to be videoed for the purpose of testing and assessing athletic movement skills. I also give permission for videos of training sessions which involve my child's participation to be used in promotional material, such as a website or social media outlet, solely for the purpose of promoting Dynamite Sports Speed Academy and /or Dynamite Sports Speed Camps & Clinics.

Parent/Guardian Signature _____ Date ____ / ____ / ____