



**Peak
Performance
Program**

REGISTRATION FORM

Name: _____ Home phone: _____

Address: _____

grade _____ Parents' names: _____

Insurance co. _____ Policy #: _____

Emergency contact name and relation:

Phone: _____

Please list any medical conditions that would cause problems due to increased activity (Asthma, allergies, previous injuries, etc.)

I, _____ (parent/guardian), hereby give NMRS authorization of medical treatment in the event of an emergency.

Parents signature: _____

Assumption of Risk

The Peak Performance Program is designed to improve the individuals' physical condition, and prepare the individual for sport participation in a safe, progressive manner. I understand that there is risk of injury associated with physical activity, and by signing this agreement, I accept full responsibility for any injuries incurred while participating in this program.

Student Signature: _____

Parent Signature: _____

T-shirt Size: S M L XL

Please make check payable to NMSMC

Mail check & registration to :

Cheboygan Physical Therapy & Sports Medicine

9445 N Straits Hwy, Cheboygan, MI 49721