



2024/2025 Texas Sports Medicine Baseball Strength & Movement Registration - Waiver Form

May 20th - January 17th
Monday - Wednesday - Friday
2pm - 3:30pm
\$175/month

Players Name: _____ Phone #: _____

Email: _____ Date of Birth: ____/____/____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian: _____

Emergency Phone #: _____ Emergency Contact: _____

Injury History: _____

Current Medical Condition(s) that we need to be informed about: _____

ASSUMPTION OF RISK:

I acknowledge that there exists potential to sustain adverse physical reactions as a result of my participation in physical activity. Adverse physical conditions that may occur include: high blood pressure, exercise induced asthma, sprain, strains, spasm, fractures, skin wounds, hypoglycemia, myocardial infarction, cardiac arrhythmia, stroke, dehydration and death. Should I experience any physical discomfort while exercising at TSMC, I will discontinue my activity immediately and inform a TSMC staff member of my symptoms.

I state at the present time I do not have any health problems that would limit my ability to safely engage in moderate to strenuous activity.

I acknowledge that I have read this document in its entirety or that it has been read and explained to me If I have been unable to read the same. I consent to the rendition of all services and procedures as explained herein by all program personnel.

Parent/Guardian Signature: _____ **Date:** ____/____/____

(if under 18years of age)