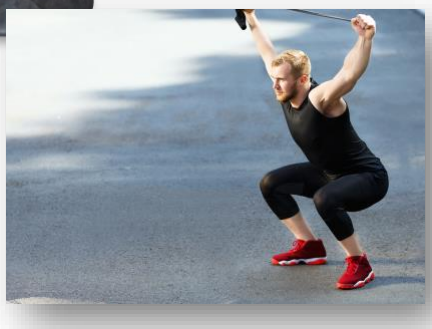
CORE STRONG

ATHLETE NAME _____ AGE_____ GRADE_____
PARENT/GUARDIAN NAME_____
PHONE NUMBER_____EMAIL_____

ATHLETE'S SPORT/ACTIVITY INVOLVEMENT _____
MAJOR GOAL FOR PARTICIPATING IN SHOULDER STRONG _____



PREVENTION IS KEY!

We want to thank you for taking the initiative to improve on your skills above and beyond the norm. Prevention of injury is essential to success, but also long term health. The best part is that it is going to make you a better and stronger athlete by creating a strong and stable base to build from!! We look forward to seeing you in the future.

WAIVER AND INFORMED CONSENT

PLEASE FILL OUT AND SIGN, THANK YOU.

I, _____, as the parent/guardian of, _____, understand there is a risk of injury in participation with CORE STRONG. I do not hold Agape Therapy, it's DBAs, executive team, therapist or other staff financially or legally responsible for any injury that incurs as a result of participation.

Note any health issues, injuries, or important info. of the athlete:

Parent/Guardian Signature _____
Date _____