



SHOULDER 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 Shoulder 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 _____

COVID-19 SCREEN AND AGREEMENT

Below are a few guidelines that we ask you and your athlete to accept and follow when you and the athlete visit the clinic/gym.

Please review each one and if you agree to the guidelines, sign and date at the bottom of this form. **We appreciate your cooperation in keeping our clinic and gym communities as healthy as possible.**

1. HEALTH & SAFETY

I confirm I do not have any symptoms related to and have not been knowingly exposed to COVID-19.

If the above status changes, I agree not to visit the clinic/gym.

2. FACE COVERING

Masks are not required for athletes to use during exercise; however parents not exercising or athletes in the public space (not exercising) will wear a mask to follow CF mandate.

3. SOCIAL DISTANCING

I agree to keep 6 feet between myself and other athletes while in the gym/clinic when possible.

4. CLEANLINESS

The athlete agrees to help disinfect all equipment after use and will not enter closed off areas.

The athlete agree to keep their hands washed/sanitized while at the clinic/gym.

Agape and gG staff will be monitoring the space – helping to clean, encouraging distancing, encouraging athletes to wipe down equipment. If you are asked to do one of the above, we ask that you please cooperate and do your part. Thank you in advance, we can't wait to see you!

By signing below, I agree to these guidelines and have discussed with my child/athlete in order to continue their participation in enhancing their performance.

Parent Signature: _____ Today's Date: _____

Athlete Name: _____
