



Elite Off Ice Training Registration and Waiver Form for Athletes Strength Training and Functional Mobility

Name: _____ Phone No. _____

Email: _____ Date of Birth: _____

Do you have any of the following conditions that your instructor should be aware of: Please circle

Asthma Dizzy Spells/Fainting High or Low blood pressure Epilepsy/Seizures Pregnancy Diabetes Other, Please specify: _____

Neck, back or spine injury: _____

Joint injury (ankle, knee, hip, elbow, shoulder): _____

Muscle injury: _____ Medical Conditions: _____

Session 1—Aug 26- Oct 7 (Thurs) 7 sessions— Test Group 600-645 pm \$60 _____ Starskate 600-700 pm \$70 _____

Session 2—Oct 16-Dec 16 (Thurs) 10 sessions— Test Group 600-645 pm \$85 _____ Starskate 600-700 pm \$100 _____

Session 3—Jan 6—Marc 24 (Thurs) 12 Sessions- Test Group 600-645 pm \$105 _____ Starskate 600-700 pm \$120 _____

All Payments are payable by E-transfer to: Ruppgirl@yahoo.ca (must be paid before each session starts)***

By completing and signing this form, I hereby agree to the following:

1. That I am participating in Elite Off Ice Training session offered by Pure Flow Yoga during which I will receive information /instruction about strength training and functional mobility. I recognize that this may require some physical exertion, which may be strenuous and may cause physical injury. I am fully aware of the risks and/or hazards involved.
2. I agree to assume full responsibility for any risk, injuries or damages, known or unknown, which I might incur as a result of participating in any Elite Off Ice training program with Pure Flow Yoga.
3. I knowingly, voluntarily and expressly waive any claim that I may have against Pure Flow Yoga, it's instructors and staff and it's owners, for any injury, death or damages that I may sustain as a result of participating in the Elite Off Ice Training sessions.
4. If at anytime in class, you feel discomfort or strain, gently come out of the posture/movement or circuit. You may rest at any time during the class. It is important that you listen to your body, and respect its limits on any given day to prevent injuries.
5. For those under the age of 18 years you must have a parent or guardian sign this form.

Name

Signature

Date

Name of Parent/Guardian

Signature of Parent/Guardian

Date