Apex Athletic Performance and Rehabilitation

Dr. David Eric Boll, DC, CKTP, NASM-PES

Confidential Client Information Student-Athlete Weight Training Clinics

Legal Name (First, Middle, Last)_____ Date Completed _____

I prefer to be called_____ Referred by_____

Parents Names _____

Address _____ City_____ State_____ Zip_____

Home Phone_____ Work Phone _____ Mobile _____
Circle your call preference in case we need to contact you.

Email address_____

Do you give us permission to send you via email newsletters, scheduling information and other pertinent information ? _____

(Must be entering at least Grade 9 to attend) Date of Birth _____ Age as of today _____ M____ F_____

School _____ Sports Participating _____

Emergency Contact and contact Information_____

Circle Date/s of attendance: 1.0- July 22 or July 29
2.0- Aug 5 or Aug 12 $15/clinic, $25 for both

Describe any current medical/physical complaints or conditions you have _____

_____

Please list all medications you are currently taking and what condition they are for:

_____

Please list any prior surgeries and/or hospitalizations and their approximate dates:_____

_____

Please list any prior injuries, accidents or traumas:_____

_____

Anything else you would like Coach to know about you?

Parent/Guardian Signature_____

Please submit this form with the Waiver to Apex

251 Highland, Adell WI 53001 ***ApexAthleticPerformance.com*** ***ApexAthletic@ wi.rr.com***
p- 920.450.6066 ***f- 866.470.6516***
- Apex Athletic Performance and Rehabilitation ***- Apex_Athletic***