## Inquiry Form



Parisi Office Use Only				
Date of Inquiry	Employee Name	Orientation / Demo Class Date	Evaluation Date	
Contact Inform	nation			
Parents Name		Home Phone		
Athletes Name		Work Phone		
Address		Cell Phone		
,				
		Athletes Grade		
_	ear about us?			
Newspaper Ad		Coach Referral	Special Event / Other	
TV Commercial		Athlete Referral		
Health Club Referral				
Camp	Website	Athlete's Name		
Athlete <b>Sports</b>		he sports you or your athlete participates in o Your favorite sport should be marked as numb		
Baseball			Track Event(s)	
Basketball	Gymnastics	Softball	Volleyball	
Field Hockey	Hockey	Swimming	Wrestling	
Football	Lacrosse		Other	
Athlete's Team of 1st Sport _		Athlete's Coach of 1st Sport		
Screener				
1) Has your son / daughter	recently suffered any injuries?			
**********		· · ·		
2) What are your son's / da	uughtar/s gools?			
2) vvnat are your son's / da	augnters goals?			
3) What made you call or s	stop by today?			
4) Why is this important to	you?			
5) Why do you think this is	s important to your child / athle	ete?	_	



## Standard Medical Release

I, resid	ing at	State of	, acknowledge that I
individually, have voluntarily applied risks and the potential risks of athletic than the risk assumed.			
I am aware that although The Parisi companies, its officers, directors, ow safe and productive experience, that	ners and/or employe	es make reasonable effor	ts to make each athlete's training a
I acknowledge that an athlete, wher injured for a variety reasons that are		o fault of his own, his tra	niner(s) or the facility may become
I represent that I am in good health Speed School's facilities or instructio I acknowledge that the Parisi Speed diagnosis of my physical condition.	n. I further represen	t that I carry full and com	nplete medical insurance coverage
In consideration of being permitted facilities, I hereby, intending to be leguardian of my son/my daughter/my agents shall not be liable for any claipersonal injury, property damage or lin any athletic training, exercise or a School Franchise harmless from same circumstances, including but not liftranchise, Parisi Speed School Franchise, contractors, employees or otherwood.	egally bound for myse ward specifically ag im, demand, cause of loss of any kind result activity within or outs e. I herby waive any mited to those clain achisor its employee	elf, my heirs and assigns, ree that The Parisi Speed of action of any kind what ting from or related to my side the club premises, and all claims for any and arising from the negline.	executors or administrators and/or School, its officers, employees and soever for, or on account of death, use of the facilities or participation and I agree to hold The Speed Parisi d all injuries I may suffer under any igence of the Parisi Speed School
Athlete's Signature:			Date:
0			`
Parent/Guardian's Signature:			Date:
P	romotior	nal Releaso	<b>≘</b>
In additional consideration of being to use its facilities, I hereby permit purposes limited to its athletic training but are not limited to print, radio, vio	The Parisi Speed Scl g programs and facili	hool to use my name, in ties. The Parisi Speed Sch	nage and likeness for promotional
I acknowledge that I have read this completely advised of the potential d I am fully aware of the legal consecutated above.	angers incidental to $\epsilon$	engaging in the activity an	d instruction of athlete training and
Athlete's Signature:			Date:
Auncte 3 Signature.			Date.
Parent/Guardian's Signature:			Date: