



# Training Consent Form

Name (Please Print) \_\_\_\_\_ Today's Date (d/m/y) \_\_\_/\_\_\_/\_\_\_

Birth Date: (d/m/y) \_\_\_/\_\_\_/\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email \_\_\_\_\_

**Purpose of Consent Form:** To inform the athlete of the type of physical training and possible situations that could arise from participating in Beyond The Next Level Inc. (hereinafter known as BTNL) sport development training program

The training programs designed by BTNL are **ENTIRELY VOLUNTARY**. BTNL has approval to use any data obtained throughout the program for reports or publications, however identity of the individual will be kept Private and Confidential at all times. If at any time, the athlete has any questions, concerns or requires additional information in regards to the training program they are participating in, please feel free to ask any of the sports trainers or medical staff of BTNL at 905-845-6989 x 265 or [btnl@icesports.com](mailto:btnl@icesports.com). Please take time to carefully read this consent form to be sure you are comfortable and knowledgeable of the required procedures involved in the physical training programs

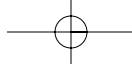
**The following list describes the physical tasks and efforts required to participate in a BTNL physical training program:**

- Maximum efforts for specific tests during fitness testing
- Repeated bouts of high intensity physical training for the core, upper and lower body
- Strength exercise that involve working both the upper and lower body
- Exercises and fitness tests that require moderate to high increases in heart rate.

## Associated Risks

Participating in physical training programs or fitness testing conducted by BTNL **should not result in physical injury of the participant**, however the participant acknowledges that there is the potential of injury inherent in all types of physical activity including BTNL programs

SEE OVER



**IN THE EVENT OF PHYSICAL INJURY RESULTING FROM THE EVALUATION PROCEDURES, EQUIPMENT USAGE OR TRAINING, NO MEDICAL TREATMENT OR MONETARY COMPENSATION WILL BE PROVIDED BY BTNL OR ANY OF ITS OFFICERS, DIRECTORS, AGENTS AND EMPLOYEES, THE PARTICIPANT MUST LOOK TO THEIR OWN HEALTH INSURANCE POLICIES OR THEIR SPORT'S OWN GOVERNING BODY.**

**NOTE:** By signing this agreement I The Member parents or guardian agree that: The Club, its officers, directors, shareholders and employees shall not be liable to me, my heirs or estate, for any claims, demands, injuries, damages, actions or causes of action whatsoever arising howsoever whether through negligence or otherwise and whether with respect to personal injury or injury, destruction or otherwise.

**Training Notification**

The athlete will notify the sports trainers of BTNL 24 hours in advance if they are to miss a scheduled training session. Athletes who do not provide 24 hours notice will forfeit their scheduled training session. Your signature on this form indicates that you have understood to your satisfaction the physical efforts required and the risks associated with participating in a BTNL physical training program. It also indicates that you have received and understood completely Membership Fees Brochure and that **BTNL SERVICES ARE PREPAID AND PAYMENT IS DUE PRIOR TO START OF FIRST SESSION**

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(Name of Athlete)

(Date)

(Signature)

The participant is under 21 years of age. I have reviewed the information above and certify it to be true and correct.

I consent to \_\_\_\_\_ participating in the program. I The Parent/Guardian am aware that I can participate and observe BTNL training program for the first three sessions of the program not to include the fitness testing. Longer term parent/guardian observation can be obtained only through the child's request to BTNL staff member

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(PARENT OR GUARDIAN)

(Date)

(Signature)

