

IMPACT BASKETBALL

by Joe Abunassar

2021 TRAINING CAMP ENROLLMENT FORM

ATHLETE/CAMPER'S NAME: _____

ATHLETE'S E-MAIL ADDRESS: _____

BOARDING: Yes or No

CAMP PROGRAM: ELITE or PREMIUM

2021 CAMP DATES: (check all that apply)

April 12 - 16

April 19 - 23

April 26 - 30

May 3 - 7

May 10 - 14

May 17 - 21

May 24 - 28

May 31 - June 4

June 7 - 11

June 14 - 18

June 21 - 25

June 28 - July 2

July 5 - 9

July 12 - 16

July 19 - 23

July 26 - 30

Aug 2 - 6

Aug 9 - 13

Aug 16 - 20

PARENT or GUARDIAN INFORMATION

PARENT'S or GUARDIAN FIRST NAME: _____

PARENT'S or GUARDIAN LAST NAME: _____

PARENT/GUARDIAN COUNTRY: USA or Other: _____

PARENT'S/GUARDIAN HOME ADDRESS: _____

PARENT'S/GUARDIAN CITY: _____

PARENT'S/GUARDIAN STATE/PROVIDENCE: _____

PARENT'S/GUARDIAN ZIP CODE: _____

PARENT'S/GUARDIAN E-MAIL ADDRESS: _____

PARENT'S/GUARDIAN PHONE INFO:

Home: _____

Cell: _____

Work: _____ ext. _____

ATHLETE'S PERSONAL INFORMATION

DOB: (mm/dd/yyyy) _____ Age: _____

GENDER (check one): Male or Female

Current School: _____ Current Grade: _____

School Coach: _____

School Coach Email: _____

Traveling Team Name: _____

Travel Coach Email: _____

SHIRT SIZE (check one): SM MED LG XL XXL

EMERGENCY CONTACT INFORMATION

EMERGENCY PHONE NUMBER: _____

Emergency Contact Name: _____

Relation to Athlete: _____

Home Number: _____

Cell Number: _____

INSURANCE INFORMATION

Insurance Name: _____

Insurance Address: _____

Insurance Phone Number: _____

Insurance Fax Number: _____

Insured's Name: _____

Insured's DOB: _____

Policy #: _____

Group #: _____

SS#: _____

Additional Insured Info:

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

Email: _____

RELEASE AND WAIVER OF LIABILITY

I understand that this Release and Waiver of Liability governs all rights and liabilities relating in any way to the receipt by me from Abunassar Impact Basketball, LLC and/or its agents of Services, as that term is defined below. I have read, understand, and agree to be bound by the terms below.

Definitions:

“Services” shall mean any and all manner of goods and services offered by Abunassar Impact Basketball, LLC or any other released party to you. These services, which may take the form of training, treatment, consulting, and the like, expressly include but are not limited to: evaluations; rehabilitation; reconditioning; performance planning; performance training (including strength & conditioning training, speed & quickness training, plyometric training, and the like); recovery and regeneration training; sports nutrition consultation; supplement and nutrition provision; any consultation related to any item in this list; injury reduction and treatment; technical and tactical instruction; performance enhancement

“Training” shall mean any act, omission, or other activity required of you or carried out by you in relation to the services.

“Released Parties” shall mean all Abunassar Impact Basketball, LLC staff and employees and all related governmental entities, adidas, along with, in relation to the previously listed respective Released Parties, all of their officers, directors, shareholders, insurers, partners, employees, employers, agents, successors, contractors, assigns, affiliates, parent corporations, affiliated corporations, and subsidiary corporations.

Terms & Provisions

The risk of injury from participation in sporting events and other strenuous physical activity, including Training, is significant, including the potential for permanent paralysis, other serious injury, and/or death.

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS of participation in Training, including, without limitation, risk arising from or relating in any way to the condition of the facilities, equipment, fields, and surrounding premises, the actions of persons other than myself, my own actions, and travel to and from the Training. **I UNDERSTAND THAT THE RELEASED PARTIES MAKE NO WARRANTIES** and shall in no event be responsible or liable for the defective or dangerous condition of the facilities, equipment, fields, and surrounding premises, except to the extent such condition(s) result(s) solely from the gross negligence or intentional acts of a Released Party. **I AGREE THAT THE RELEASED PARTIES SHALL NOT BE LIABLE** for any claims, demands, injuries, damages, actions, or causes of action that arise in whole or in part due to the simple negligence of the Released Parties, or any of them.

FURTHERMORE, I FOREVER RELEASE AND DISCHARGE, AND AGREE TO INDEMNIFY AND HOLD HARMLESS, the Released Parties from and in relation to all

claims, demands, injuries, damages, actions, or causes of action that arise from or relate in any way to my participation in the Training, other than such claims, demands, etc. that arise solely from the gross negligence or intentional acts of a Released Party **I FURTHER WARRANT AND CERTIFY** that I have no health conditions that would prevent me from participating safely in the Training, I have taken every reasonable act necessary to make this warranty and certification in relation to such participation, and that I am otherwise sufficiently fit and healthy to participate.

I WARRANT AND UNDERSTAND that it is my sole and personal responsibility to obtain insurance to compensate for any and all injuries which might arise from my participation in the Training, and furthermore agree to look solely to such insurance to cover losses resulting from any injuries, regardless of fault, and waive all rights of subrogation on behalf of any and all Released Parties which may now or ever exist as a result of such insurance.

IN ANY EVENT, THE LIABILITY OF A RELEASED PARTY TO ME FOR ANY REASON AND UPON ANY CAUSE OF ACTION SHALL NOT EXCEED THE AMOUNT ACTUALLY PAID BY ME TO ABUNASSAR IMPACT BASKETBALL, LLC DURING THE TWELVE MONTHS IMMEDIATELY PRECEDING MY ASSERTION OF SUCH CLAIM. THIS LIMITATION APPLIES TO ALL CAUSES OF ACTION IN THE AGGREGATE, INCLUDING, WITHOUT LIMITATION TO EQUITY, BREACH OF CONTRACT, BREACH OF WARRANTY, NEGLIGENCE, STRICT LIABILITY, MISREPRESENTATIONS, AND OTHER TORTS.

PHOTO/VIDEO DISCLAIMER

Abunassar Impact Basketball, LLC has my permission to use my photograph, video and audio recordings in future publications, web pages, and other promotional materials produced. I understand the circulation of the materials could be worldwide and that there will be no compensation to me for this use.

If any paragraph, subparagraph, sentence or clause of this Agreement shall be adjudged illegal, invalid or unenforceable, the balance of the Agreement shall remain in full force and effect. This agreement shall be construed and interpreted under Nevada law. Any lawsuit or claim arising from or relating in any way to Training, Services, and/or this agreement shall be brought, if at all, in Clark County, Nevada.

I have read this Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily. I acknowledge that I have received valuable consideration in relation to my execution of this Agreement, which I understand to be a prerequisite to my receipt of services. Finally, I understand that this Agreement shall be of full force and effect as to any and all Services I receive from the Released Parties, without regard to the date or timing of such service.

Athlete Print Name: _____

Athlete Signature: _____

Date: _____

Parent/Guardian – Print Name: _____

Parent /Guardian Signature: _____

Date: _____

INSURANCE INFORMATION

Our director of athlete recruiting will review Abunassar Impact Basketball, LLC physical therapy insurance invoicing process with you.

Physical Therapy services include, but are not limited to:

- Evaluation/Re-Evaluations
- Manual Therapy
- Joint Mobilizations
- Ultrasound
- Electric Stimulation/Biofeedback
- Therapeutic Exercise
- Range of Motion/Flexibility
- Ice/Heat
- Iontophoresis/Phonophoresis
- Orthotics (Athlete **will be** responsible for orthotic services/inserts **not reimbursed by** insurance company)

CONSENT TO TREAT

I understand that I may require some form of rehabilitative or preventative treatment during my stay at Abunassar Impact Basketball. I also could be referred for rehabilitative treatment to Abunassar Impact Basketball, LLC via a self-referral or referral from a physician. In such cases, an individual treatment plan will be described for me. I understand that I have the right to ask and have any questions answered prior to receiving any treatment, including any risks or alternatives to the treatment plan that has been prescribed by my physician and/or recommended by my therapist. By signing this agreement, I consent to have Abunassar Impact Basketball provide treatment and care as necessary for rehabilitation of an injury or injury prevention.

The statements are true and complete to the best of my knowledge. I understand, fully, the payment policy and billing procedures of Abunassar Impact Basketball. I hereby authorize Abunassar Impact Basketball to furnish my insurance company(s), privately contracted medical billing provider (Platinum Medical Billing), attorney, or legal representative all information, which said parties might request concerning my present illness or injury. I hereby assign Abunassar Impact Basketball all money to which I am entitled for medical expenses related to the service reported herein, but not to exceed my indebtedness to Abunassar Impact Basketball. I certify by my signature that I have read and agree to this information.

Patient/Guardian's Name (Please Print): _____

Patient/Guardian's Signature: _____

Date: _____

ATHLETE PAST MEDICAL HISTORY FORM

Date: _____

Athlete's Name: _____

Height: _____ feet _____ inches

Weight: _____ pounds

1. Have you had an injury before? Yes or No
If yes, please list your injuries (*most recent first*): _____

2. Check which apply to your current condition:
 Athletic injury
 Work related injury related to lifting
 Cause unknown Injury related to falling Motor vehicle accident
 Other: _____

3. Have you had a surgery related to any of your injuries? Yes or No
If yes, please explain: _____

4. Do you have any allergies (including medicines or supplements)? Yes or No
If yes, please explain: _____

5. Are you presently taking any medication? Yes or No
If yes, please list the medication and what condition it is for:

6. Do you have, or have you had, any of the following:

Check all that apply:

CONDITION	YES	NO	CONDITION	YES	NO
Diabetes			Fractures		
Hypoglycemia			Kidney Problems		
Chest Pain/Angina			Surgeries		
Osteoarthritis			Cancer		
High Blood Pressure			Skin Abnormalities		
Osteoporosis			Stroke		
Heart Disease			Nausea/ Vomiting		
Hernia			Bowel/ Bladder Dysfunction		
Heart Attack			Ringling in Your Ears		
Seizures			Urine Leakage		
Heart Palpitations			Rheumatoid Arthritis		
Metal Implants			Asthma/ Breathing Problems		
Pacemaker			Smoking		
Dizziness/ Fainting			Liver/ Gallbladder Problems		
Headaches					

List any other conditions: _____

If you answered **YES** to any of the items above, please briefly explain and give the date. Include any other pertinent information regarding your past medical history:

CREDIT CARD INFORMATION

Camper / Athlete Name: _____

Each athlete is **REQUIRED** to have a credit card number on file. This card may be used for the following:

- **Medical**- In the event of emergency and medical services
- **Purchases**- Purchases for café food, supplements, apparel, etc.
- **Balances Due** – BALANCE DUE 30 DAYS PRIOR TO PROGRAM ATTENDANCE

***Please note there will be a 3.5% service fee charge for all credit card transactions**

CREDIT CARD INFORMATION

Card: VISA MASTERCARD AMERICAN EXPRESS

Card Number: _____

Expiration Date: _____

CVV code: _____

Name on Card: _____

Authorized Signature: _____

Today's Date: _____

Card Billing Address: _____

Card Billing City, St, Zip Code: _____

Card Phone Number: _____

Please scan and email your completed form to rmoore@impactbball.com

Or you can mail your application to:

Impact Basketball

Attn: Ryan Moore

20121 Ventura Blvd. #309

Woodland Hills, CA 91364

DEPOSITS ARE NON-REFUNDABLE BUT NEVER FORFEITED. IF YOUR TRAINING DATES NEED TO CHANGE YOU MAY DO SO, SUBJECT TO AVAILABILITY. WE KEEP OUR CAMP SPACES LIMITED IN ORDER TO MAINTAIN A HIGH LEVEL OF INSTRUCTION.