



Sports Performance Training and Education

Client Information

Package Pricing: All Marshfield Clinic Health System employees and immediate family 50% OFF!

All packages must be finished within a 14-week period. Refunds are not available after the second session or 14-week period unless approved by Head Coach. If a session can not be made due to illness or an emergency, please call before your scheduled appointment. If a call is not received within 8 hours prior to a session, that session counts and can not be made up. If three or more consecutive sessions have been missed, with no call or notice, the coach will cancel the remainder of your sessions with no refund. Packages can be paid in full, in half or in quarter payments. All "extended packages" require a minimum of \$100 down. If you are paying in installments for any package, you are required to pay for the total number of sessions. For example, if you sign the agreement for 15 sessions and pay in quarter payments and then decide three sessions were enough and have paid for those three sessions, you are still required to pay for all 15 sessions.

Individual Pricing		
Youth: 8 – 11 Years Old Athlete: 1-hour session	Progression Level I & II: 12 – 18 Years Old Athlete: 1.5-hour session	Premier: College+ Athlete: 2-hour session
<input type="checkbox"/> 1 session \$37.50	<input type="checkbox"/> 1 session \$55.00	<input type="checkbox"/> 1 session \$65.00
<input type="checkbox"/> 15 sessions \$480.00 (\$32)	<input type="checkbox"/> 15 sessions \$750.00 (\$50)	<input type="checkbox"/> 15 sessions \$900.00 (\$60)
<input type="checkbox"/> 24 sessions \$648.00 (\$27)	<input type="checkbox"/> 24 sessions . . . \$1080.00 (\$45)	<input type="checkbox"/> 24 sessions . . . \$1320.00 (\$55)
<input type="checkbox"/> 36 sessions \$792.00 (\$22)	<input type="checkbox"/> 30 sessions . . . \$1200.00 (\$40)	<input type="checkbox"/> 36 sessions . . . \$1800.00 (\$50)
Family discount: Two family members 15% off, 3 family members 20% off and 4+ family members 25% off.		

All-team Pricing		
Athletes: 8 – 11 Years Old 1-hour session	Athletes: 12 – 18 Years Old 1.5-hour session	Premier Athletes: College+ 2-hour session
<input type="checkbox"/> 5 – 10 athletes \$5 each	<input type="checkbox"/> 5 – 10 athletes \$6 each	<input type="checkbox"/> 5 – 10 athletes \$10 each
<input type="checkbox"/> 11 – 15 athletes \$4 each	<input type="checkbox"/> 11 – 15 athletes \$5 each	<input type="checkbox"/> 11 – 15 athletes \$9 each
<input type="checkbox"/> 16 – 20 athletes \$3 each	<input type="checkbox"/> 16 – 20 athletes \$4 each	<input type="checkbox"/> 16 – 20 athletes \$8 each
Approved on-site discount: 10% off • Head coach customized programs available Free sport specific combine testing (pre and post training)		

Accelerated Strength and Performance Program: Adult 1-hour session	Post-therapy patients 50% off up to 1 year after last P.T. visit Specialized Programs
<input type="checkbox"/> 1 session \$37.50	<input type="checkbox"/> Body composition test . . \$15.00
<input type="checkbox"/> 6 sessions \$210.00 (\$35)	<input type="checkbox"/> Individual sport testing . . \$20.00
<input type="checkbox"/> 12 sessions \$360.00 (\$30)	<input type="checkbox"/> Consultations FREE
<input type="checkbox"/> 24 sessions \$600.00 (\$25)	

Client name _____ Date _____

Phone _____ Method of payment _____

Package selection _____ ☐ PIF ☐ PIH ☐ Payment plan

Client signature _____ Coach signature _____

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Physical Activity Readiness Questionnaire (PAR-Q)

1. Has a doctor ever said you have a heart condition and recommended only medically-supervised physical activity ☐ Yes ☐ No
2. Do you have asthma or any other pulmonary disorder brought on by physical activity ☐ Yes ☐ No
3. Do you have chest pain brought on by physical activity ☐ Yes ☐ No
4. Do you tend to lose consciousness or fall over as a result to dizziness. ☐ Yes ☐ No
5. Has a doctor ever recommended medication for your blood pressure or a heart condition ☐ Yes ☐ No
6. Do you have a bone or joint problem that could be aggravated by the proposed physical activity ☐ Yes ☐ No
7. Are you aware, through your own experiences or a doctor's advice, of any other physical reason against your exercising without medical supervision ☐ Yes ☐ No

Sports Performance Training and Education

Release and Waiver of Liability

I understand that the Sports Performance Training and Education department will require my/my child's participation in physical activity, including but not limited to, running, jumping, sudden stopping/starting, and weight-lifting. I acknowledge that my/my child's participation in such activities can result in physical injury to me or my child and that the risk of such injury cannot be avoided.

In consideration of the aforementioned and in order to participate, I agree:

- To assume full responsibility for any risk of bodily or personal injury, illness, death or property damage arising out of my/my child's own acts or omissions.
- To release, waive, forever discharge and promise to hold harmless Marshfield Clinic Health System and its officers, directors, affiliates, employees, insurers, agents, successors, and assigns from all liability notwithstanding the negligence of any of the parties mentioned in this paragraph, but excluding liability arising out of the intentional acts or wilful misconduct of the parties mentioned in this paragraph.
- On behalf of myself/my child, I agree to indemnify and hold harmless Marshfield Clinic Health System from any and all claims connected with my/my child's participation in the activity.

I have been given sufficient opportunity to read this document. My signature below acknowledges that I agree to be bound by the terms contained herein.

_____ Participant signature (if 18 years or older)	_____ Print participant name	____/____/____ Date (month/day/year)
_____ Parent/Guardian signature (participant's legal representative)	_____ Print parent/guardian name	____/____/____ Date (month/day/year)