



**Portage Northern Volleyball
Summer 2009 Strength and Conditioning
“GIRL POWER”**

ATHLETE NAME _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Sports Participation: _____

**SPORTSMETRICS ACL INJURY PREVENTION PROGRAM
INFORMED CONSENT**

K Valley Orthopedics P.C., Southwestern Michigan Sportsmedicine Clinic, in coordination with Cincinnati Sportsmedicine Research and Education Foundation are professionals prepared to assist athletes in preventing injury and enhancing performance. Prior to participating in testing and/or training, it is important that you and your parent/legal guardian read, understand, and sign this consent.

INFORMED CONSENT:

It is recommended that you have a physical examination performed by your primary care or sports medicine physician within the past year. If you are presently under a physician's care for an injury, you will need a letter from the physician stating you may participate the strength and conditioning program. We reserve the right to deny your participation if we feel it may put you at risk based on your history or performance during the program. Criteria for patient participation include: pain free full range of motion, no knee or ankle instability, no swelling, and no anterior knee pain (pain in the front of the knee).

LIABILITY RELEASE:

By signing this document, you 1) expressly represent that you are in good health and are capable of full participation in rigorous physical activity; 2) agree to assume all risk of personal injury while attending and participating in this program.

As the parent or guardian of the child participating in this program, I indemnify and hold harmless Gretchen Mohny, K Valley Orthopedics P.C., Southwestern Michigan Sportsmedicine Clinic and Cincinnati Sportsmedicine Research and Education Foundation against any future claims.

Please check the box below that applies:

- I am not currently under the care of a physician for any known injury and consent to testing without medical examination and physician approval.
- I am currently under the care of a physician for known injury and have included a letter clearing my participation in the conditioning program.

Athlete's Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____