



**MY TEAM
TRIUMPH**

Angel Application

Please complete this form and return to myTEAM TRIUMPH – Puget Sound Chapter, 125 SW Campus Drive, Suite 18-202, Federal Way, WA 98023
Or you can fax this form to 616-825-5928

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Birth Date: _____ Marital Status: Married _____ Single _____

Spouse Name: _____

Children's Names and Ages: _____

Emergency Contact and Phone: _____

MEDICAL HISTORY QUESTIONNAIRE (Optional)

Please explain "Yes" answers

Have you ever been hospitalized? _____ Yes No

Have you ever had surgery? _____ Yes No

Are you presently taking medication? _____ Yes No

Do you have any allergies (medicine, food, etc.) _____ Yes No

Have you ever passed out during exercise _____ Yes No

Have you ever had chest pain _____ Yes No

Do you tire quicker than your friends during exercise? _____ Yes No

Have you ever been told you have a heart murmur? _____ Yes No

Have you ever had high blood pressure? _____ Yes No

Have you ever had racing of your heart or skipped beats? _____ Yes No

Has anyone in your family died of heart problems or sudden death? _____ Yes No

Have you been told you have sickle-cell anemia? _____ Yes No

Do you have any skin problems (itching, moles, etc.)? _____ Yes No

Have you ever had a head injury? _____ Yes No

Have you ever been "knocked out"? _____ Yes No

Applicant Initials/Date



Have you ever had a seizure? _____ Yes No

Have you had a "stinger" or "burner"? _____ Yes No

Have you ever injured (sprained, dislocated, fractured, etc.) one of the following (indicate R or L):

_____ hand _____ wrist _____ forearm _____ elbow _____ arm _____ shoulder _____ neck

_____ chest _____ back hip _____ thigh _____ knee _____ shin _____ calf _____ ankle _____ foot

Please indicate type of injury, date of injury, and any limitations or continuing problems:

Have you ever had heat cramps? _____ Yes No

Have you ever been dizzy or passed out in the heat? _____ Yes No

Have you been advised by a physician or by your parents not to participate in athletic events?

_____ Yes No

Have you been treated for a disease or illness during the past 12 months? _____ Yes No

Are you currently under the care of a physician? _____ Yes No

Have you been found to have only one of a usually paired organ (ex. kidney, eye)?

_____ Yes No

Do you wear glasses or contacts? _____ Yes No

Do you use special pads or braces? _____ Yes No

What was the date of your last tetanus shot? _____

Have you ever been diagnosed as having:

_____ mononucleosis _____ hepatitis _____ asthma _____ tuberculosis _____ diabetes

_____ headaches (frequent) _____ eye injury _____ stomach _____ ulcer

Have you ever been treated for anemia? _____ Yes No

How many meals do you eat each day? _____

How many snacks? _____

Are there certain food groups you refuse to eat (ex. bread, meat)? _____ Yes No

Have you ever been on a diet? _____ Yes No

What is your present weight? _____

Are you happy with this weight? _____ Yes No

Have you ever been worried that you might have an eating disorder like bulimia or anorexia?

_____ Yes No

Has anyone ever expressed concern that you may have an eating disorder? _____ Yes No

Have you ever tried to control your weight by (please check all that apply):

_____ Vomiting _____ diet pills _____ diuretics _____ using laxatives?

Have you ever been treated for an eating disorder? _____ Yes No

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SPORTS PARTICIPATION HISTORY (Optional)

Grade School/Junior High: _____

High School Spots: Events, Times: _____

College: Events/Times: _____

Best Race times: 5K _____ 10K _____ 15 K _____ ½ Mara _____ Marathon: _____

Most recent race; date: _____

My preferred racing distances are: _____

Short Term Goal 3 months: _____

6 Months: _____

1 Year: _____

Please provide the last 2 weeks of your training program as accurate as possible: what you did each day, number of minutes or miles, added fitness activity, other recreational/sport activities.

WEEK 1 - From: _____ **to** _____ **2008**

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

WEEK 2 - From: _____ **to** _____ **2008**

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

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WAIVER

By signing I acknowledge my understanding that my participation in any myTEAM TRIUMPH event and/or any pre- or post-event activities (collectively, the "Event") involves rigorous physical activity and that it potentially may be hazardous. I attest and verify that I am physically fit and have sufficiently trained for the Event and that, if appropriate, my physical fitness to participate in the Event has been verified by a licensed medical doctor. I expressly assume all known and unknown risks associated with the Event, including but not limited to: loss of or damage to my property; injury (including death); accidents; the effects of weather; and terrain conditions that may vary widely, and that may include uneven and/or slippery surfaces, spectators, participants, and natural and man made obstacles (including without limitation, vehicles, security barriers, signs, cables, mats, and debris on the course). In consideration of my participation in the Event, I, for myself, my heirs, executors, administrators, personal representatives, successors and assigns, waive any and all rights, claims and causes of action I have or may have against any Race Organizer that may arise as a result of my participation in the Event. For these purposes, a "Race Organizer" is any one or more of the following: myTEAM TRIUMPH and their affiliates; all governmental agencies representing the territory in which the Event will be held; all sponsors, agents, vendors, and contractors of or for the Event; medical service providers; and the officers, directors, employees, representatives, successors and assigns of each of the foregoing. I hereby agree to indemnify all Race Organizers for all claims and losses (including attorney's fees and court costs), which may be brought against any one or more of them by anyone claiming to have been injured or otherwise to have suffered loss or damage as a result of my participation in the Event.

I further grant full permission to any and all of the foregoing to store, use and/or reproduce my image or likeness by any audio and/or visual recording technique (including electronic/digital) now in existence or hereafter invented, for any legitimate purpose, including commercial sales and marketing purposes. I understand and agree that information about me that is collected by the Race Organizers, including without limitation information on this form and my Event results may be disclosed to third parties for any legitimate purpose, including commercial sales and marketing purposes, and that it may be subject to re-disclosure by the recipient(s).

I acknowledge and agree to abide by any Official Rules for the Event that may be posted at the Event or on the Event's website. I hereby represent and warrant that I am 18 years of age or older or, if applicable, that I am the parent or legal guardian of the child under the age of 18 years old who I am registering for the Event and that I have the full power and authority to agree to these terms on behalf of such child, and to bind him/her to these terms.

Signature of Athlete _____

Date _____

Signature of Parent Guardian (If under 18 years of age):

Date _____

Applicant Initials/Date

