



JUMP ASSESSMENT QUESTIONNAIRE

(Please complete both sides)

Athlete's Name: _____ DOB: _____

Parent's Name: _____

Parent's Cell Phone Number: _____

Parent's E-mail: _____

School: _____

Grade Level Next Year: _____

Dominate Leg: _____

What sports do you participate in?

Have you had any injuries/surgeries? (Please describe)

- Date of Injury/Surgery:

CONSENT & RELEASE STATEMENT

(Please read and sign back side)

ATHLETE NAME _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime phone: _____ Email: _____

Sportmetrics Sports Injury Prevention Test

Fisher- Titus professionals, who are certified by Cincinnati Sportsmedicine Research and Education Foundation and Cincinnati Sportsmedicine and Orthopaedic Center, are prepared to assist your athletes in preventing knee injury and enhancing performance utilizing the extensive training and licensed software package from the Cincinnati Sportsmedicine Research and Education Foundation. Prior to participating in testing and/or training, it is important that you and your parent/legal guardian read, understand, and sign this consent & release statement.





INFORMED CONSENT:

The Sports Injury Prevention Test is composed of various evaluations of knee anatomy, strength, flexibility, function and agility. 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 in testing.** We reserve the right to deny your participation if we feel it may put you at risk based on your history, results of the evaluation, or results that arise during the course of training. Criteria for patient participation in testing include: **pain free and full ROM, no knee or ankle instability, no swelling, no patellofemoral pain, and no anterior knee pain.**

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; and 3) are acting for yourself, your heirs, personal representatives, and assigns, you release Fisher Titus and any of its staff from any loss or liability whatsoever for any accident or injury, fatal or otherwise, which may result directly or indirectly from your involvement with this program. As the parent or guardian of the child participating in this program, I indemnify and hold harmless Fisher Titus against any future claims.

MEDICAL RECORD RELEASE:

This is a cash only based services which includes ONE copy of the before and after report and pictures of the athlete sent to the email address YOU provided above. It is important that you download this for future safe keeping. This service is **not** part of the Fisher Titus medical record.

PHOTOGRAPH RELEASE:

By signing below, you are giving consent to have the participant’s photographs published or utilized by Fisher- Titus for educational, promotional, or informational purposes. You are also giving consent that videos and reports may be shared with Cincinnati Sportsmedicine Research and Education Foundation and Cincinnati Sportsmedicine and Orthopaedic Center in their ongoing research. Photographs may be used by other news media with the knowledge and permission of Fisher Titus.

OTHER:

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

Participant Signature: _____ **Date:** _____

Parent or Legal Guardian: _____ **Date:** _____

