



**MY TEAM  
TRIUMPH**

## Angel Application – 2010

Please complete this form and return to myTEAM TRIUMPH, 6749 East Fulton, Suite-B-230, Ada, MI 49301. 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

**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

Have you ever had a seizure? \_\_\_\_\_ Yes No

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\_\_\_\_\_



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

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

\_\_\_\_\_

