

Performance Fitness Assessment
Participation Permission Form

_____ has my permission to participate without restriction in the Performance Fitness Assessment conducted by Quest Sports Science Center. I understand that Quest Sports Science Center and the employees/consultants working with them will not be held responsible for injury during and/or following the assessment. I understand that the assessment is intended as a screening to identify possible deficits, which may predispose my son/daughter to injury in athletic performance, but are NOT medical diagnoses. I understand that recommendations made to correct these deficits may increase performance and/or decrease injury risk, but are NOT guaranteed to do so. I understand that I am to consult my son/daughter's Physician to follow up with a medical diagnosis if results indicate deficits.

Assessment Date: _____ Team: _____

Parent Name
(printed): _____

Parent Signature: _____ Date: _____

Please list any concerns or restrictions:

WHAT TO BRING TO THE ASSESSMENT:

_____ Signed permission form

_____ Completed Food Log

_____ Check payable to: Quest Sports Science Center: \$110 Assessment only

_____ Check payable to: Quest Sports Science Center: \$120: Assessment PLUS Nutrition book

_____ Water Bottle and snack (the assessment time is up to three hours)

Quest Sports Science Center
"Building better athletes through science"
436 Chinquapin Round Road
Annapolis, Maryland 21401
410-626-1566
www.questssc.com