

Authorization for Release of Records to Cincinnati Sportsmedicine Research and Education Foundation Sportsmetrics™ Program

ATHLETE NAME _____

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

Daytime phone: _____ Email: _____

I authorize _____ and any treating physician/physical therapist/trainer to release any and all information related to the Sportsmetrics™ testing and/or training of the above-mentioned person to the Cincinnati Sportsmedicine Research and Education Foundation who have in turn agreed to keep such information confidential for the purpose of reviewing, auditing or assisting _____ in the rendering of Sportsmetrics™ testing and training. The information to be released includes the following:

- Age
- Gender
- Height
- Weight
- Sports/athletic participation score
- History of knee or ankle injury in the last six months
- Hamstrings flexibility score
- Single-leg timed hop time
- Single-leg cross-over hop distance
- Vertical reach height
- Standing vertical jump height
- Approach vertical jump height
- Video analysis report (includes five still pictures and digitized measurement of hip, knee and ankle separation)
- Biodex isokinetic hamstrings and quadriceps strength report

Participant Signature _____ Date: _____

Participant Name _____

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian Name: _____

Cincinnati Sportsmedicine Research and Education Foundation
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