



# Registration



## Athlete Information:

Name: \_\_\_\_\_  
                     First (print)                    Last (print)  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Parents: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_  
 Emergency Phone: \_\_\_\_\_  
 School: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

### Program Cost

**\$89 per month**

\*\* FAMILY DISCOUNTS AVAILABLE\*\*

2<sup>nd</sup> Child- \$69 3<sup>rd</sup> Child-\$59

### **Indicate Desired Days & Time**

**( select one training time)**

#### Monday/Wednesday

**Speed & Agility**

5:30pm \_\_\_\_ 7:30pm \_\_\_\_

**Jump & Agility**

6:30pm \_\_\_\_

**limited to 12 athletes per group**

**3<sup>rd</sup> Day Workouts or Make-up are**

**Saturdays by reservation only.**

**Saturday Speed & Agility 11am**

**Saturday Jump & Agility 12pm.**

### **Office Use Only**

Method of Payment

Cash: \$ \_\_\_\_\_ Check: \$ \_\_\_\_\_ # \_\_\_\_\_

Credit: \$ \_\_\_\_\_ Staff: \_\_\_\_\_

## Medical Information

Do you have asthma: Yes / No

If yes, do you use an inhaler? Yes / No

Do you have any orthopedic problems? Yes / No

If yes, explain \_\_\_\_\_

Do you have any cardiovascular problems? Yes / No

If yes, explain \_\_\_\_\_

Do you have any pulmonary problems? Yes / No

If yes, explain \_\_\_\_\_

Do you have Diabetes? Yes / No

Do you have Hypo/Hyperglycemia? Yes / No

Do you have any other medical conditions? Yes/ No

If yes, explain \_\_\_\_\_

### **Waiver of Liability**

I hereby waive and release for myself and my heirs, any and all rights or claims I may have against Xtreme Speed Human Performance Center, any school or facility in which Xtreme Speed Human Performance Center programs are conducted and each of their respective agents, employees, servants, officers, directors, and representatives, for injury or illness arising from a program or site connected with my son/daughter's participation in Xtreme Speed Human Performance Center programs. I further agree to identify and hold harmless of each said persons or property, which may arise by virtue of my child's participation in Xtreme Speed Human Performance Center.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

### **Athlete Contract**

I agree to commit myself to the Xtreme Speed training program. By signing this contract, I am dedicating myself to train with the mental focus and physical intensity that will allow me to improve. I understand that my commitment to the training will determine my results. I also pledge to try my best to attend each Xtreme Speed session as scheduled. I realize that my coach reserves the right to dismiss me from class if I am unwilling to train with the mental focus and physical intensity that will allow me to improve, or if I become disruptive during the training session.

\_\_\_\_\_  
**(Athlete's Signature)**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**(Date)**

\_\_\_\_\_  
**(Parent Signature)**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**(Date)**