



Registration form

Athlete Name: _____ DOB/Age: _____ Sch: _____ Sport: _____

Parent Name: _____ Cell phone: _____

Email: _____

Addr: _____ City: _____ St: _____ Zip: _____

Days & times attending: _____ How did you hear about us? _____

List any injuries/medical conditions: _____

Year-round training sessions	Qty.	Rates (All sessions expire after 2 months)	Amount
Private (1-1/Team mate/Team)		1 hr = \$60-\$75/ses. / 30 min = \$35-\$45/ses	
Small Group (SPT/BC)		\$20/ses or \$185/10 ses / \$75-\$150/Mo for unlimited ses	
4 wk written program		\$150 / program	
Specialty camp/clinic			
Registration		\$25	\$25
T-shirt		\$15 ea (S-M-L-XL-XXL) Circle size!	
Credit Card type & #: _____			Subtotal:
Exp: _____ CVV: _____ Billing Zip: _____			- Down payment:
For office use only: Cash _____ Online: _____ Check #: _____			Balance due:

*** All session programs must be used within 2 months of start date***

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Release of liability:

In regard to my participation and training with EDGE Sports Fitness (ESF), I do hereby for myself release and discharge ESF and all personnel thereof from all claims or damages, demand, action or whatsoever in any manner arising or growing out of my participation with ESF. I attest and verify that I, without endangering my health, hereby release ESF from any liability now or in the future. Including but not limited to heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/lower back or foot injuries or any other illnesses, soreness or injury however caused, occurring during or after my participation in the exercise program. If, in fact, an injury that requires emergency medical attention occurs, I reserve the right for ESF to take action through medical facilities in the area. ESF reserves the right to discontinue an athlete's training at any time for any reason, including any behavior or attitude that is distracting and a refund will not be granted. I certify that I am in good physical health and that I am not under any physicians care for any physical condition(s) that I currently have (no matter how small) in advance to training with ESF and any of its staff that would either possibly be re-aggravated or prevent me from participating in activities without further injury. I also authorize release of photos/videos taken while training for website display, training dvd's or other promotional uses. I have read the information in full, and to the best of my ability understand the information above. By submitting this form I authorize enrollment and participation in training with ESF (clinics/camps/seminars) as specified.

Signature of **Athlete/Participant**

Date

Signature of participant's **Parent or Legal Guardian**

Date

(Required if participant is a minor)