



# ACCELERATION PERFORMANCE REGISTRATION FORM

### Athlete Information (please print)

Name:			
Address:		City/Province:	Postal Code:
Phone number:	Atl. Phone number:	Email:	
Date of Birth (MM/DD/YYYY):		Approx Height:	Approx Weight:
Team(s) you play for (High School, Club, University, etc.):		Position:	Years of Playing Experience:

### Emergency Contact Information (please print)

Name:			
Address:		City/Province:	Postal Code:
Phone number:	Alt. Phone number:	Relationship:	
Name:			
Address:		City/Province:	Postal Code:
Phone number:	Alt. Phone number:	Relationship:	

<b>Cost:</b>	<b>Fitness Consultation/off site:</b>	<b>\$60</b>	<b>\$100</b>	<b>_____</b>	<b>\$</b>	<b>_____</b>
	<b>Fitness Assessment:</b>	<b>\$80</b>		<b>_____</b>	<b>\$</b>	<b>_____</b>
	<b>Program Design:</b>	<b>\$60</b>		<b>_____</b>	<b>\$</b>	<b>_____</b>
	<b>Subsequent Programs:</b>	<b>\$50</b>		<b>_____</b>	<b>\$</b>	<b>_____</b>
	<b>Nutrition Program Design:</b>	<b>\$125</b>		<b>_____</b>	<b>\$</b>	<b>_____</b>
	<b>Group Training:</b>	<b>\$</b>		<b>_____</b>	<b>\$</b>	<b>_____</b>
	<b>1 on 1 Training:</b>	<b>\$75</b>		<b>_____</b>	<b>\$</b>	<b>_____</b>
	<b>Camps:</b>	<b>\$</b>		<b>_____</b>	<b>\$</b>	<b>_____</b>
	<b>Football Program</b>					
			<b>discount</b>	<b>total</b>		
	<b>Phase 1 – correctional:</b>	<b>\$ 225</b>	<b>\$</b>	<b>_____</b>	<b>\$</b>	<b>_____</b>
	<b>Phase 2 – strength &amp; speed:</b>	<b>\$ 675</b>	<b>\$</b>	<b>_____</b>	<b>\$</b>	<b>_____</b>
	<b>Phase 3 – sport specific conditioning:</b>	<b>\$ 563</b>	<b>\$</b>	<b>_____</b>	<b>\$</b>	<b>_____</b>
					<b>GST</b>	<b>\$</b>
					<b>TOTAL</b>	<b>\$</b>

### **The Program Policies/Consent/Acceptance: (to be completed by parent/legal guardian of athletes under 18 years of age)**

This consent form is to inform you that you/your son/daughter is participating in a rigorous training program for performance enhancement. This is an intensive program that will require great physical demands and commitment. Please take the time to read this carefully and understand the risks and goals of the program.

Attendance to every session is required to obtain the desired results. Program times will be scheduled and attendance will be mandatory. 'Make up' sessions will not be provided to athletes who miss their scheduled appointments without 24-hour notice.

Please be aware, due to the physical demands of the training program, there is always the potential for injury. It is recommended a physical examination is performed by a medical doctor prior to participation. Acceleration Performance will not be held responsible for injuries incurred during the training program.

Your signature(s) indicates that you have understood to your satisfaction, the information regarding you/ your son/daughter's participation in the program. You signature(s) also waive any responsibility of Acceleration Performance should I/my child incur any injuries during participation in the training session. Your signature also verifies that you understand that this program is non-refundable on the date of agreement.

Name: \_\_\_\_\_ (print)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

AP staff: \_\_\_\_\_