

# TRAIN LIKE THE PROS WITH EXPLOSIVE PERFORMANCE



## SEMI-PRIVATE TRAINING

**What better way to get in shape with your best friend?**

Group ranging from 2 to 4 participants. Call today to set up your free training session with you and a friend.



# EXPLOSIVE PERFORMANCE REGISTRATION

This agreement must be signed by a parent or legal guardian BEFORE training can begin.

**All Fields Required**    ☐ S & H Member    ☐ Non-Member (ask about our member rates)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Home # \_\_\_\_\_ Cell # (parent) \_\_\_\_\_ Cell # (athlete) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parents Email \_\_\_\_\_ Athlete's Email \_\_\_\_\_

Sport/team \_\_\_\_\_ School Name \_\_\_\_\_

Have you ever used Explosive Performance before? (circle)    **Yes**    **No**

## PAYMENT AGREEMENT

Program Name: \_\_\_\_\_ Program Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Program Type: \_\_\_\_\_ Time of Class \_\_\_\_\_ to \_\_\_\_\_

Package #1 Amount Due \$ \_\_\_\_\_ Initial \_\_\_\_\_    Package #2 Amount Due \$ \_\_\_\_\_ Initial \_\_\_\_\_

Package #3 Amount Due \$ \_\_\_\_\_ Initial \_\_\_\_\_    Package #4 Amount Due \$ \_\_\_\_\_ Initial \_\_\_\_\_

Type of Payment:    ☐ Cash    ☐ Check (# \_\_\_\_\_)    ☐ Credit Card    ☐ Card on file / Initial \_\_\_\_\_

Fees for Explosive Performance are agreed for payment prior to the start of training program. Payments can be made with cash or check (payable to Sport&Health with Explosive Performance in the memo area) or we can accept Visa, Mastercard, AMEX and discover credit cards. Athlete agrees to complete sessions within a 3-month period from start of first session or they will lose those paid sessions.

## HEALTH HISTORY QUESTIONNAIRE

YES    NO    Have you ever had or has your doctor ever diagnosed you as having trouble or coronary disease?

YES    NO    Do you have high blood pressure?

YES    NO    Have you undergone surgery (minor or major) within the past two years? If yes please list:

YES    NO    Are you currently taking medication? If yes please list?

YES    NO    Do you have Diabetes? If yes what type:

YES    NO    Do you have concerns about participating in a strenuous exercise program because of smoking, age, weight, pains in heart/chest, current medications, pain in knees or back, fainting, dizziness, pregnancy, etc? If yes, please explain: \_\_\_\_\_

Date of last physical examination and results: \_\_\_\_\_

## CANCELLATION POLICY

*Athlete agrees in the event of a need to cancel a scheduled session the athlete must provide 24 HOURS advance notice to the training staff. Failure to do so will result in the athlete being charged for the scheduled session. Teams must cancel as a team with 24 HOURS advance notice.*

\_\_\_\_\_  
Athlete (please Print)    Athlete's Signature    Date

\_\_\_\_\_  
Parent/Guardian (Please print)    Parent/Guardian's Signature    Date

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