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 for you and a friend.









sport&health

sportandhealth.com

EXPLOSIVE PERFORMANCE REGISTRATION

•			☐ Non-Member (ask about our member rates)			
First Name Last Nar				Age	DOB	
Home # Cell # (parer						
Address			City	State	Zip	
•						
Have you eve	r used Explosive Per	formance befo	ore? (circle)	Yes No		
PAYMENT A	GREEMENT					
Program Name:			_ Program Start Date:		End Date:	
Program Type:			Time of Class		to	
_			_		Initial	
Package #3 Amount Due \$ Initial		Initial	Package #4	Amount Due \$	Initial	
YES NO	Have you ever had o	r has your docto	or ever diagnosed yo	u as having trouble o	r coronary disease?	
YES NO	Do you have high blo	u have high blood pressure?				
YES NO	Have you undergone	ve 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	•	ou have Diabetes? If yes what type:				
	Do you have concerr reight, pains in heart/ch? If yes, please explain:	nest, current me	_	exercise program bed ees or back, fainting, d	_	
the training sta		I result in the at			24 HOURS advance notice ssion. Teams must cancel a	
Athlete (please Print) Ath						
/ timete (predde	Print)	Athlete's S	ignature	Date		



