

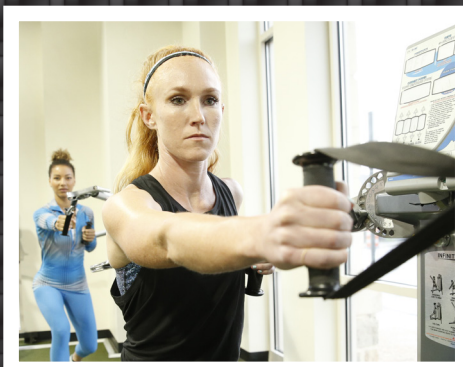
TRAIN LIKE THE PROS
WITH EXPLOSIVE PERFORMANCE



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

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 com-

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: _____

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

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