

It is understood that I (signature below) have agreed to pay the Xplosive Edge a total contractual amount of:

- ____ (Fundamental Fitness U9/U10 Program \$120)
- ____ (Fundamental Fitness U9/U10 Program Team Price \$80)
- ____ (My Edge U11/U12 Program \$150)
- ____ (My Edge U11/U12 Program Team Price \$120)
- ____ (Competitive Edge U13+ Program \$180)
- ____ (Competitive Edge U13+ Program Team Price \$150)

It is understood that I (signature below) have agreed to pay the Xplosive Edge the total contractual amount of the program that I selected above. I understand that I have the right to pay the full amount upfront to the Xplosive Edge via cash, check, or credit. All payments must be turned in before the first training session has occurred in order for your athlete to be able to participate in the program. I also understand that at no time, can this contract/program be frozen, or declined, or amended after the first training session has occurred. It is also understood that after the first training session has occurred, for any of the programs selected above, withdraw or cancellation from that camp/program will result in a termination fee equaling half the camp/program price.

Signature: _____ Date: _____
must be signed to participate, must be signed by legal guardian of 18 years or older

Methods of Payment: (Please Check One and Fill out all Information)

____ **Credit Card** Number (Visa or MasterCard Only) _____ - _____ - _____

Expiration Date: _____ Name as it appears on credit card: _____

____ **Check #** _____ Bank Info: _____ Date of Check: _____

____ **Cash / Amount** _____ Received by Coach: _____ Date Cash Received: _____

RELEASE OF LIABILITY (PARENTAL PERMISSION)

I grant permission to The Xplosive Edge director, assistants, or assigned chaperones of the camp to act on my behalf for said minor _____ in granting permission for evaluation/treatment of minor medical problems. I understand that should a major medical problem arise, an attempt will be made to notify me by telephone. In the event that I cannot be reached, I hereby give my consent to such medical treatment deemed necessary by a licensed physician. In addition, I hereby release the Board of Directors of The Xplosive Edge and all its employees from all claims on account of any injuries, which may be sustained by my son/daughter while attending any camps. I also agree to indemnify the Board of Directors of The Xplosive Edge and its employees for any claim, which may hereafter be presented to my minor son/daughter as a result of any such injuries. I also grant permission for The Xplosive Edge to use photographs of my son/daughters for publicity, advertising, or other commercial purposes. This course admits all qualified applicants without regard to disability, race, color, religion, national or ethnic origin, or sexual orientation.

I hereby certify that I have read and fully understand This Authorization

Parent/Guardian _____ Date _____
Allergic Reactions _____
Medications Currently Taking _____
Any past illnesses or other information that would be useful in the event medical treatment is necessary: _____

I hereby state that _____ is physically fit to participate in an active lifting program, and that I know of no physical impairments which would in any manner limit his/her participation in such a program.

INSURANCE INFORMATION

Accident & Medical Insurance Co. _____

Policy Number _____

Policy Holder _____

Company Address _____