



_____ Staff Signature

Xplosive Edge Sign-Up

Date: _____

Parent's Name _____

Athlete's Name _____

Email Address: Parent: _____

Athlete: _____

Home Address _____

City _____ State _____ Zip _____ Phone (H) _____ Phone (C) _____

Athlete's Cell _____ Text: Y or N _____ Athlete's D.O.B. _____ Grade _____ School _____

Programs (Please Check One)

\$195 Developing Edge Camp (4 weeks of training) 2 days a week / 1 hr. sessions
 Mon. 6:30-7:30 pm, Wed. 6:30-7:30 pm, Thurs. 6:30-7:30pm, Sat. 10:30-11:30am Circle Two
 Jan. 9 – Feb. 4 _____ Feb. 13 – Mar. 10 _____ Mar. 19 – Apr. 14 _____ Apr. 23 – May 19 _____

\$425 Xplosive Edge Camp (6-8 weeks of training) 4x per week, 90 min. sessions, M/T/Th/F, 4-5:30pm
 Summer Camp Hours: 6-8am, 8:30-10:30am, 5:30-7:30pm (2 hr. sessions)
 *Jan. 2 – Feb. 24 (\$495) _____ Mar. 5 – Apr. 13 _____ Apr. 23 – Jun. 1 _____ **Jun. 4 – July 27 (\$495)

*4-5:30pm or 5:30-6:30pm

\$425 Adult Edge Boot (8 week camps) 4 Sessions per week, M/T/Th/F, 6:00-7:00am or 9:00-10:00am
 Jan. 2 – Feb. 24 _____ Mar. 5 – Apr. 27 _____ May 7 – Jun. 1 (\$225) _____

MONTHLY CONTRACTS

- \$100.00 Developing Edge** (12 months of training, 1 week break every 4 weeks) 2 days a week
- \$125.00 Developing Edge** (6 months of training, 1 week break every 4 weeks) 2 days a week
- \$180.00 Xplosive Edge/Adult Edge** (12 months of training, 1 week break every camp) 4 days a week
- \$200.00 Xplosive Edge/Adult Edge** (6 months of training, 1 week break every camp) 4 days a week

****See Back Side****

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

- ____(D-EDGE \$195) single camp
- ____(X-EDGE \$425) single camp 6 weeks or____(X-EDGE \$495) single camp 8 weeks
- ____(Adult Edge \$425) single camp
- ____(D-EDGE \$100 monthly) \$1,200.00 for 12 months of conditioning
- ____(X-EDGE/Adult Edge \$180 monthly) \$ 2,160.00 for 12 months of conditioning
- ____(D- Edge \$125) \$750.00 for 6 months of conditioning
- ____(X-EDGE/Adult Edge \$195) \$ 1,170.00 for 6 months of conditioning

Which is to be automatically billed on my credit or debit card (if I so choose that payment method) on a monthly basis until the final contractual month #12 or #6 has been billed. I understand that I also have the right to pay the full amount upfront to the Xplosive Edge via cash, check, or credit. I also understand that at no time, can this contract be frozen, or declined, or amended after the first training session has occurred. Any such disagreement in terms will result in a \$600.00 1 time termination fee for 12-month contracts and a \$300.00 1 time termination fee for 6-month contracts. It is also understood that after the 1st day of training has occurred for any single camps, withdraw from that camp will result in a termination fee of half the camp price.

Signature: _____ Date: _____

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

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

Expiration Date: _____ Please Circle One: (Full Amount) or (Monthly Payments)

Name as it appears on credit card: _____

_____ **Check #** _____ **Bank Info.** _____ **Date of Check** _____

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 _____