



_____ Staff Signature

Xplosive Edge Sign-Up

Date:

Parent's Name _____

Athlete's Name _____

Email Address: Parent: _____

Athlete: _____

Home Address _____

City _____ State _____ Zip _____ Phone _____

Athlete's D.O.B. _____ Grade _____ School _____

Programs (Please Check One)

_____ **\$195 Developing Edge** (4 weeks of training) 2 days a week / 1 hr. sessions
Mon. 7:30-8:30 pm, Weds. 7:30-8:30 pm, Sat. 10:30-11:30 am Circle Two
**Summer Camp Times Mon. 7:30-8:30 pm, Wed. 5:30-6:30 pm, Sat. 10:30-11:30 am Circle Two

Apr. 19-May 14 _____
May 24-Jun. 19 _____
Jun. 28-Jul. 24 _____
Aug. 2-Aug. 28 _____

_____ **\$395 Xplosive Edge** (6-8 weeks of training) 4 days a week / 75min. sessions, mon-tues-thur-fri 4-5:30pm.
**Summer Conditioning Times (2 hour sessions) 6-8a.m. _____ 8:30-10:30am _____ 10:30- 12:00 pm _____ 5:30-7:30p.m. _____

Jan. 4-Feb. 26 _____
(8 week winter camp)
Mar. 8-Apr. 16 _____
Apr. 26-May 21 _____
(4wk. Camp \$295)
June. 7-July. 30 _____
(8wk. Summer Camp)
Aug. 16-Sep. 24 _____

_____ **\$395 Adult Edge Boot Camp** (6 weeks of training) 3 days a week, 60 minute sessions.
Training times will be Mon, Wed, Fri 6:00am or 9:00am
Summer hrs 10:30-11:30am or 5:30-6:30pm

June 14-Aug. 2 _____ Aug. 16-Oct. 4 _____ Oct. 18-Dec. 13 _____

MONTHLY CONTRACTS

_____ \$85.00mo. Developing Edge (12 months of training) 2 days a week / 1 hr. sessions. MWS
_____ \$100.00 Developing Edge (6 months of training) 2 days a week / 1hr. sessions. MWS
_____ \$165.00mo. Xplosive Edge/Adult Edge* (12 months of training) 4 days a week / 75 min. sessions, MTThF
_____ \$180.00mo. Xplosive Edge (6 months of training) 4 days a week / 75 min. sessions, MTThF

It is understood that I (signature below) have agreed to pay the Xplosive Edge a total contractual amount of _____ **(D-EDGE \$85)** \$1,020.00 for 12 months of conditioning, _____ **(X-EDGE/Adult Edge \$165)** \$ 1,980.00 for 12 months of conditioning, _____ **(D-Edge \$100)** \$600.00 for 6 months of conditioning, _____ **(X-EDGE \$180)** \$ 1,080.00 for 6 months of conditioning which is to be automatically billed on my credit or debit card on a monthly basis until the final contractual month #12 or #6 has been billed I also understand that at no time, can this contract be frozen, or declined, or amended after the first month of billing 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.

Signature: _____ Date: _____

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: _____

Credit Card Billing Address: _____

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

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.

**Doctor's Signature _____
Date _____

*The doctor's signature may include sending a copy of the athlete's physical form which is not more than one year old. Physical forms the 2007-2008 year will be accepted.

INSURANCE INFORMATION

Accident & Medical Insurance Co. _____

Policy Number _____

Policy Holder _____

Company Address _____