



Registration Form

Mail to:
EDGE Sports
 21477 N. Western Ave.
 Edmond, OK 73012

Athlete's Name: _____ **DOB/Age:** _____ / _____
Parents' Name: _____ **Home phone:** _____
Cell phone: _____ **Email:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
School: _____ **Sport/Position:** _____
List days & times attending: _____
List any injuries/medical conditions: _____
How did you hear about us? _____

| Year-round Training Sessions | QTY. | Fee | Amount |
|--|------|---|--------------------|
| 1 on 1 Coaching | | 1 hr. = \$40-\$70/session 30 min. = \$20-\$45/session | |
| Teammate Training (2-5 athletes) | | \$20-40/session per athlete/participant | |
| Sports Performance Training (Small Groups) Speed – Strength - Agility | | \$20/session or \$180/10 sessions \$125-\$225/month for unlimited sessions | |
| Team Training (6-11 ath's or 12+ athletes) (Team Name: _____) | | 6-11 athletes = \$60-\$156/ath. (10 sessions) 12+ athletes = \$50-\$120/ath. (10 sessions) | |
| Adult Fitness - Boot Camp (Small Groups) Tone – Firm – Get in Shape! | | \$20/session or \$180/10 sessions \$125-\$225/month for unlimited sessions | |
| 4 week written program: _____ | | \$150 per program | |
| Summer Camps | | Any 2 weeks = \$135 / Any 4 weeks = \$200 Any combination of weeks is prorated | |
| Registration | | \$25 | \$25 |
| T-shirt (S – M – L – XL – XXL) Circle size!! | | First shirt is FREE (Additional \$15 ea.) | |
| Other camp name : _____ | | Camp/Clinic cost : _____ | |
| Start Date: _____ | | Subtotal | |
| End Date: _____ | | - Down Payment | |
| *** All multi-session training programs must be used within 2 months of start date*** | | | Balance Due |
| For office use only: Cash _____ Pay Pal _____ Check # _____ Initials _____ | | | |

Release of liability:

In regard to my participation and training with EDGE Sports Fitness (ESF) and PhysEdmond (PE), I do hereby for myself release and discharge ESF/PE and all personnel thereof from all claims or damages, demand, action or whatsoever in any manner arising or growing out of my participation with ESF/PE. I attest and verify that I, without endangering my health, hereby release ESF/PE from any liability now or in the future. Including but not limited to heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/lower back or foot injuries or any other illnesses, soreness or injury however caused, occurring during or after my participation in the exercise program. If, in fact, an injury that requires emergency medical attention occurs, I reserve the right for ESF/PE take action through medical facilities in the area. ESF/PE reserves the right to discontinue an athlete's training at any time for any reason, including any behavior or attitude that is distracting and a refund will not be granted. I certify that I am in good physical health and that I am not under any physicians care for any physical condition(s) that I currently have (no matter how small) in advance to training with ESF/PE and any of its staff that would either possibly be re-aggravated or prevent me from participating in activities without further injury. I also authorize release of photos/videos taken while training for website display, training dvd's or other promotional uses. I have read the information in full, and to the best of my ability understand the information above. By submitting this form I authorize enrollment and participation in training with ESF/PE (clinics/camps/seminars) as specified.

 Signature of **Athlete/Participant** _____ Date _____

 Signature of participant's **Parent or Legal Guardian**
 (Required if participant is a minor) _____ Date _____