

2019 SUMMER PROGRAM

June 3 - August 8
6th - 8th Grade

Athlete:	
Athlete Cell:	•
Parent/Guardian:	Speeu, Quickress, Aqiiry,
Parent/Guardian Cell:	Nationated Footwork indefinite Eccomotion,
Address:	· · · · · · · · · · · · · · · · · · ·
School:	MO OTAD WITH (MA 1995 OC 1995 EL 1995)
Email:	
T-Shirt Size:Player #:Age/Grade:	Sport:
potential and fully excel, while minimizing the risks of injunctions setting, increased focus, self-talk, and visualization. XLR8	ur program will ensure your athlete the best opportunity to reach his or her genetic jury. We incorporate methodologies to encourage a solid & confident mindset with goal 8 utilizes pro-style training to enhance the athlete's speed, strength, conditioning, grit, thic, while promoting confidence, encouragement, and great attitudes.
10 WEEK ATH	LETE TRAINING PROGRAM
\$700 - PAID IN FULL	
SPLIT PAYMENT: \$200 DOWN, \$250	O 2 ND PAYMENT, \$250 3 RD PAYMENT
CREDIT CARD NUMBER:	EXP:CVV:
OR CHECK NUMBER:	
*** SPOTS ARE LIMITED	AND ARE FIRST COME FIRST SERVE ***
AVAILABLE START T	IIME (CHECK ONE) □ 10 AM □ 1 PM
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WAIVER OF LIABILITY

In consideration of Xcelerate Athletix providing its services, equipment, or facilities, and by using or participating in, or by allowing my child to use or participate in, the services, equipment, and/or facilities provided by Xcelerate Athletix, or any owner, employee, agent, or representative of Xcelerate Athletix. I agree that they/it shall be used/undertaken voluntarily at my or my child's own risk. I am aware that the training or participation at Xcelerate Athletix, in any activity, or sports related activity, or personal training services and the use of its services, equipment, and facilities, can be hazardous and involves risk of injury, loss, or death. I maintain full knowledge and understanding of the dangers involved, and I expressly assume and accept any and all risks of loss, damage of any nature, injury, or death to me or my child resulting from participation in or use of the services, equipment, or facilities provided by Xcelerate Athletix, or any owner, employee, agent, or representative. I agree that Xcelerate Athletix, or any owner, employee, agent, or representative shall not be held liable for any claims, demands, injuries, damages, actions, or causes of actions which arise wholly or partially due to the negligence of Xcelerate Athletix, or any owner, employee, agent or representative, or arising out of or connected with the use of any of the services and/or facilities of such company. I hereby expressly forever release, hold harmless, and discharge Xcelerate Athletix from all such claims, demands, injuries, actions, and causes of action. I further release Xcelerate Athletix from the loss or theft of personal property.

UNDER CARE OF A PHYSICIAN?:	YES	NO	IF YES, NAME & PHONE_		
PARENT/GUARDIAN SIGNATURE:				DATE:	