



_____ Staff Signature

Xplosive Edge Sign-Up

Date: _____

Parent's Name _____

Athlete's Name _____

Email Address: Parent: _____

Home Address _____

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

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

Club Affiliation _____ Coach _____

Programs (Please Check One)

_____ **\$195 Developing Edge Camp (ages 8-12)** (4 weeks of training) 2 days a week / 1 hr. sessions
 Mon/Thurs 6:30-7:30pm, Tues/Fri 6:30-7:30pm

**Sessions may be altered due to the number of athletes that sign up for each camp*

Mar. 13-Apr. 7 _____ Apr. 24-May 19 _____ June 5-June 30 _____ July 10-Aug. 4 _____
**Summer Sessions 8:00-9:00am, 5:30-6:30pm*

_____ **\$465-\$525 Prep Edge Camp (ages 13-18)** (6-8 weeks of training) 4x per week, 90 min. sessions, M/T/Th/F, 4:00-5:30pm

Mar. 6-Apr.14 _____ Apr. 17-May 26 _____ June 5-July 28 (8 weeks \$525) _____
**Summer Sessions 6:30-8:00am, 9:00-10:30am, 5:00-6:30pm*

_____ **\$445 Adult Edge Boot Camp** (8 week camps) 4x per week, 60 min. sessions, M/T/Th/F, 9:00-10:00am or 5:30-6:30am

Mar. 6-Apr. 28 _____ May 1-May 26 (4 weeks \$225) _____ June 5-July 28 _____

MONTHLY CONTRACTS

_____ \$100.00 Developing Edge (12 months of training, 1 week break every 4 weeks) 2 days a week. Includes pre & post testing.

_____ \$125.00 Developing Edge (6 months of training, 1 week break every 4 weeks) 2 days a week. Includes pre & post testing.

_____ \$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 4 weeks
- _____ (X-EDGE \$465) single camp 6 weeks or _____ (X-EDGE \$525) single camp 8 weeks
- _____ (Adult Edge \$445) single camp 8 weeks
- _____ (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 monthly) \$750.00 for 6 months of conditioning
- _____ (X-EDGE/Adult Edge \$200 monthly) \$ 1,200.00 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 (or up front for single camps) 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. **There will be a 3% charge for all customers that want to pay via credit card.** I also understand that at no time, can this contract be frozen, declined, amended, or terminated after the first training session has occurred. Xplosive Edge does not give refunds, however in the event that an athlete cannot continue training for that camp, future training credit will be given.

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)

No monthly payment options for single camp sign-ups

Name as it appears on credit card: _____ 3-Digit Sec. Code _____ Billing Zip _____

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

RELEASE OF LIABILITY / ASSUMPTION OF RISK / 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 _____ (Participants name)

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 am aware of the risks involved in resistance training and the use of athletic training facilities and its equipment. I know that such may result in injury or harm to my child, I acknowledge and assume such risks on behalf of my child. 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 _____

INSURANCE INFORMATION

Accident & Medical Insurance Co. _____

Policy Number _____