



# OFC X-FACTOR FITNESS SIGN-UP FORM

*“Soccer Specific Performance and Injury Prevention Training”*

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 \_\_\_\_\_

OFC Program \_\_\_\_\_ OFC Team \_\_\_\_\_ OFC Coach \_\_\_\_\_

## X-FACTOR Programs (Please Check One)

\_\_\_\_\_ **\$80 OFC X-FACTOR “FUNDamental Fitness” U9/U10 Team Training Program**  
(8) 30 min. training sessions, must have at least 10 participants to qualify for this program

\_\_\_\_\_ **\$120 OFC X-FACTOR “MY EDGE” U11/U12 Team Training Program**  
(8) 60 min. training sessions, must have at least 10 participants to qualify for this program

\_\_\_\_\_ **\$150 OFC X-FACTOR “COMPETITIVE EDGE” U13+ Team Training Program**  
(12) 60 min. training sessions, must have at least 10 participants to qualify for this program

\_\_\_\_\_ **\$180 OFC X-FACTOR “SELECT EDGE” U13+ SELECT Team Training Program**  
(18) 60 min. training sessions, must have at least 10 participants to qualify for this program

\_\_\_\_\_ \$144 SELECT TEAM TRAINING, must have 15 participants to qualify for this rate

**\*\*See Back Side\*\***

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

\_\_\_\_\_(Fundamental Fitness U9/U10 Program Team Price \$80)

\_\_\_\_\_(My Edge U11/U12 Program Team Price \$120)

\_\_\_\_\_(Competitive Edge U13+ Program Team Price \$150)

\_\_\_\_\_(Select Edge U13+ Program Team Price \$180)

\_\_\_\_\_(Select Edge U13+ Program Team Price 15 athletes + \$144)

It is understood that I (signature below) have agreed to pay the Xplosive Edge the total contractual amount of the program that I selected above. I understand that I 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.** All payments must be turned in before the first training session has occurred in order for your athlete to be able to participate in the program. I also understand that at no time, can this contract/program be frozen, or declined, or amended after the first training session has occurred. It is also understood that after the first training session has occurred, for any of the programs selected above, that there will be no refund, however we will grant credit to future training.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*Must be signed to participate, must be signed by legal guardian of 18 years or older\*\***

### 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: \_\_\_\_\_

\_\_\_\_\_**Check #** \_\_\_\_\_ Bank Info: \_\_\_\_\_ Date of Check: \_\_\_\_\_

\_\_\_\_\_**Cash / Amount** \_\_\_\_\_ Received by Coach: \_\_\_\_\_ Date Cash Received: \_\_\_\_\_

### 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 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 \_\_\_\_\_

I hereby state that \_\_\_\_\_ is physically fit to participate in an active resistance training 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 \_\_\_\_\_