



**210TH & DODGE
ELKHORN, NE**

**WWW.XPLOSIVEEDGE.COM
(402) 933-7622**

XPLOSIVE EDGE SIGN-UP

Mail to: ETC - 715 N. 210th St. Elkhorn, NE 68022, **checks payable to: Elkhorn Training Camp**

Parent's Name _____

Athlete's Name _____

Email Address: Parent: _____

Home Address _____

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

Athlete's Age _____ Grade _____ School _____ Club Affiliation _____ Coach _____

Programs (Please Check One)

_____ **\$195 Developing Edge Camp (ages 9-12)** (4 weeks of training) 2 days a week / 1 hr. sessions
Mon/Thurs 6:30-7:30pm or Tues/Fri 6:30-7:30pm, please circle one, sessions may be altered due to number of athletes signed up

Aug. 14-Sept. 8 _____ Sept. 18-Oct. 13 _____ Oct. 23-Nov. 17 _____ Nov. 27-Dec. 22 _____

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

Aug. 7-Sept. 15 _____ Sept. 25-Nov. 3 _____ Nov. 13-Dec. 22 _____

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

Aug. 7-Sept. 29 _____ Oct. 9-Dec. 1 _____

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 Prep Edge/Adult Edge** (12 months of training, 1 week break every camp) 4 days a week

_____ **\$200.00 Prep Edge/Adult Edge** (6 months of training, 1 week break every camp) 4 days a week

TEAM CONTRACTS

_____ **\$360.00 Per Athlete – Team Training Program** (3 months of training) 2 days a week. Includes pre & post testing.
(24) 60 min. training sessions, must have at least 10 participants to qualify for this program

****See Back Side****

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

- _____ (Developing Edge \$195) single camp 4 weeks of training
- _____ (Prep Edge \$465) single camp 6 weeks of training
- _____ (Adult Edge \$445) single camp 8 weeks of training
- _____ (Developing Edge \$100 monthly) \$1,200.00 for 12 months of training
- _____ (Prep Edge/Adult Edge \$180 monthly) \$ 2,160.00 for 12 months of training
- _____ (Developing Edge \$125 monthly) \$750.00 for 6 months of training
- _____ (Prep Edge/Adult Edge \$200 monthly) \$ 1,200.00 for 6 months of training
- _____ (Team Training Program – 3 months) \$360.00 for 3 months of training (24 sessions)

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 ELKHORN TRAINING CAMP via cash, check, or credit. I also understand that at no time, can this contract be frozen, declined, amended, or terminated after the first training session has occurred. ETC does not give refunds, however if an athlete cannot continue training for that camp, future training credit will be given. All checks should be made payable to: ELKHORN TRAINING CAMP

Signature: _____ Date: _____

Mail to: 715 N. 210th St. Elkhorn, NE 68022, checks payable to: Elkhorn Training Camp

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. If 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 _____