

Explosive Sports Performance Registration Form

Athlete: _____

Age: _____ Birth date: _____

Address: _____

City: _____ ZIP _____ State: _____

Parents/Legal Guardian Names: _____

Home Phone: _____ Cell Phone: _____

Parents Email-Address: _____

Emergency Phone (name& number, relationship to you): _____

As parent/guardian (if under 18) of _____ **Wavier** I _____ hereby agree, release and exempt Explosive Sports Performance Academy Inc, and/or any agencies, its officers, agents and employees, or volunteers, from any and all claims, demands, or causes of action whatsoever, including all cost and legal expenses incurred, if any arising out of any damage, loss of injury resulting from or concurrent with an activity on the premises, or which may result from a condition created or maintained on the premises. I hereby certify that the above information is correct.

I/my child understand that some of the activities I/we may participate in may be of a testing method. I/we hereby give my permission for this information to be used for the purpose of scientific research and for the promotion of the benefits of these activities for others. I/we hereby authorize the release of this information to sponsoring sporting agencies or the coaches/staff listed within. I/we also understand that videotape, filming or still photography may be used at times, and the likeness or images may be used by Explosive Sports Performance for the purpose of wellness promotion or for presentation purpose.

(Print your name and date here)

(Sign your name and date here)

I have read, understand, and agree to the terms of the payment policy set by Explosive Sports Performance.

(Print name and date)

(Sign name and date)

EXPLOSIVE SPORTS PERFORMANCE

“UNLEASH YOUR POTENTIAL”