



Xplode Sports Training Athlete Registration



Date: ____/____/____

Trainer: _____

Name: (last) _____ (first) _____

Male/Female

Age: _____ Height: _____ Weight: _____ Date of Birth: ____/____/____

Address: _____
Street City State Zip Code

Parents Name: _____ Phone: (work) _____ (home) _____

Emergency Contact: _____ Emergency Phone Number: _____

Sport(s): _____ School: _____

Email(s): _____

Please list any health conditions that may limit the athlete's participation in the Xplode Training Program?
i.e. a previous injury, asthma, etc.

How did you hear about Xplode? _____

-----Office Use Only-----

*****ALL XPLODE ATHLETES/PARENTS MUST BE INFORMED OF AND SIGN THE XPLODE RELEASE FORM-SEE REVERSE SIDE****

Xplode Program: _____

Program Price: _____

Date:	Check#/Cash:	Amount Paid:	Balance Due:
_____	_____	_____	_____

Date:	Check#/Cash:	Amount Paid:	Balance Due:
_____	_____	_____	_____

Date:	Check#/Cash:	Amount Paid:	Balance Due:
_____	_____	_____	_____

COMMENTS: _____



Xplode Sports Training, LLC Release Form

I, the undersigned patron of Xplode Sports Training, LLC hereby state and represent as follows:

1. I am aware that payment in full is required, unless special arrangements are noted, before the first session of the Xplode Program and there are no cash refunds given for Xplode programs.
2. That I have no known medical problems that would preclude me from participating in the Xplode training program and that the information I have provided to Xplode regarding my medical history and physical condition is true and correct to best of my knowledge.
3. That in the event of physical injury resulting from my participation in the Xplode Program, that no medical treatment or monetary compensation will be provided to me by Xplode and that I will assume and pay, either personally or through my own insurance coverage, all medical bills or expenses incurred as a result of my participation in the Xplode Sports Training, LLC Program.
4. That my participation in the Xplode Sports Training, LLC Program is voluntary, and that I have the right to withdraw from the program at any time subject to any monetary obligations I may have incurred in the course of my participation.
5. That neither Xplode Sports Training, LLC, nor any of its agents or representatives, has represented or guaranteed to me success in the program.
6. I hereby agree to forever waive any and all claims that I may have against Xplode or its agents or employees as a result of my participation in this program, and to hold Xplode and its agents or assigns harmless from any claims resulting from my participation in the Xplode Sports Training Program.
7. I have read this RELEASE and the information provided to me by Xplode Sports Training, and I understand that I am signing a complete release and bar to any claim from my participation in the Xplode Program.
8. I assume any and all risks related to the facilities and participation with Xplode Sports Training, LLC. I agree to hold Xplode Sports Training, LLC., its partners, employees, representatives and agents harmless from any and all loss, claim, injury, damage, or liability sustained or incurred. I also grant Xplode Sports Training, LLC, its assigns and advertising agents the right to video tape or photograph and use these teaching tools for such business use as Xplode Sports Training, LLC deems fit.

Signature of Athlete (must be over 18)

Date

Printed Athletes Name

The above-named patron is under the age of 18 years of age. I have reviewed the information provided and certify it to be true and correct. I represent that the patron is currently covered under my medical insurance, and I consent to his/her participation in the Xplode Sports Training, LLC Program.

Signature of Parent/Legal Guardian

Date

Printed Parent/Legal Guardian Name