



\_\_\_\_\_ Staff Signature

## Xplosive Edge Sign-Up

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

Parent's Name \_\_\_\_\_

Athlete's Name \_\_\_\_\_

Email Address: Parent: \_\_\_\_\_

Athlete: \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Athlete's D.O.B. \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

### Programs (Please Check One)

\_\_\_\_\_ **\$195 Developing Edge** (4 weeks of training) 2 days a week / 1 hr. sessions  
 Mon. 7:30-8:30 pm, Wed. 7:30-8:30 pm, Sat. 10:30-11:30 am Please Circle Two  
 \*\* Summer Camp Hours Mon. 10:30-11:30am & 6:30-7:30pm, Wed. 5:30-6:30pm, Thurs. 10:30-11:30am, Fri. 6:30-7:30pm

Apr. 25-May 21 \_\_\_\_\_ \*\*May 30-June 25 \_\_\_\_\_ \*\*July 6-July 30 \_\_\_\_\_ Aug. 8-Sept. 3 \_\_\_\_\_

\_\_\_\_\_ **\$395 Xplosive Edge** (6-8 weeks of training) 4 days a week / 90min. sessions, mon-tues-thur-fri 4-5:30pm.  
 \*\*Summer Camp Hours 6-8am, 8:30-10:30am, 10:30-12pm, 5:30-7:30pm\*\*

Apr. 25-June 3 \_\_\_\_\_ \*\*June 6-July 29 \_\_\_\_\_ Aug. 8-Sept. 16 \_\_\_\_\_ Sept.26-Nov. 4 \_\_\_\_\_  
**(8wk. Summer Camp)**

\_\_\_\_\_ **\$395 Adult Edge Boot Camp** (8 week camps) MWF, 6-7AM or 9-10AM  
 \*\* Specialty 3wk. camp MTRF 6-7am or 9-10am for \$195  
 \*\*\*Summer Hours 10:30-11:30am or 5:30-6:30pm

\*\*May 16-June 3 \_\_\_\_\_ \*\*\*June 6-July29 \_\_\_\_\_ Aug. 8-Sept 30 \_\_\_\_\_ Oct.10-Nov. 18 \_\_\_\_\_

### MONTHLY CONTRACTS

- \_\_\_\_\_ \$85.00mo. Developing Edge (12 months of training) 2 days a week / 1 hr. sessions. MWS
- \_\_\_\_\_ \$100.00 Developing Edge (6 months of training) 2 days a week / 1hr. sessions. MWS
- \_\_\_\_\_ \$165.00mo. Xplosive Edge/Adult Edge\* (12 months of training) 4 days a week / 75 min. sessions, MTThF
- \_\_\_\_\_ \$180.00mo. Xplosive Edge (6 months of training) 4 days a week / 75 min. sessions, MTThF

It is understood that I (signature below) have agreed to pay the Xplosive Edge a total contractual amount of \_\_\_\_\_ **(D-EDGE \$85)** \$1,020.00 for 12 months of conditioning, \_\_\_\_\_ **(X-EDGE/Adult Edge \$165)** \$ 1,980.00 for 12 months of conditioning, \_\_\_\_\_ **(D-Edge \$100)** \$600.00 for 6 months of conditioning, \_\_\_\_\_ **(X-EDGE \$180)** \$ 1,080.00 for 6 months of conditioning which is to be automatically billed on my credit or debit card on a monthly basis until the final contractual month #12 or #6 has been billed I also understand that at no time, can this contract be frozen, or declined, or amended after the first month of billing has occurred. Any such disagreement in terms will result in a \$600.00 1 time termination fee for 12 month contracts and a \$300.00 1 time termination fee for 6 month contracts.

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

**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: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

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

**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 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 \_\_\_\_\_

Any Past illnesses or other information that would be useful in the event medical treatment is necessary: \_\_\_\_\_

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

Company Address \_\_\_\_\_