



_____ Staff Signature

Xplosive Edge Sign-Up

Date: _____

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 _____

Club Affiliation _____ Coach _____

Programs (Please Check One)

_____ **\$195 Developing Edge Camp** (4 weeks of training) 2 days a week / 1 hr. sessions
 Mon/Thurs 6:30-7:30pm, Tues/Fri 6:30-7:30pm, Circle One Option
**Sessions may be altered due to the amount of athletes that sign up for each camp*
Denotes our Summer Camps, training times will be 8-9am & 6-7pm

Mar. 14-Apr. 8 _____ Apr. 25-May 20 _____ ****June 6-July 1 _____ **July 5-July 29 _____**

_____ **\$425 Xplosive Edge Camp** (6-8 week training camps) 4x per week, 90 min. sessions, M/T/Th/F, 4-5:30pm
****Summer Training Camp Times: 6-8am, 9-11am, 5-7pm, Circle One Option**

Mar. 7-Apr. 15 _____ Apr. 18-May 27 _____ ****June 6-July 29 (8 weeks \$495) _____**

_____ **\$425 Adult Edge Boot Camp** (8 week camps) 4x per week, M/T/Th/F, 9-10am or 5:30-6:30am (circle one option)

Feb. 29-Apr. 22 _____ Apr. 25-June 3 (6 weeks \$325) _____ June 6-July 29 _____

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

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

****See Back Side****

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

- _____ (D-EDGE \$195) single camp 4 weeks
- _____ (X-EDGE \$425) single camp 6 weeks or _____ (X-EDGE \$495) single camp 8 weeks
- _____ (Adult Edge \$425) single camp 8 weeks
- _____ (D-EDGE \$100 monthly) \$1,200.00 for 12 months of conditioning
- _____ (X-EDGE/Adult Edge \$180 monthly) \$ 2,160.00 for 12 months of conditioning
- _____ (D- Edge \$125 monthly) \$750.00 for 6 months of conditioning
- _____ (X-EDGE/Adult Edge \$200 monthly) \$ 1,200.00 for 6 months of conditioning

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 Xplosive Edge via cash, check, or credit. **There will be a 3% charge for all customers that want to pay via credit card.** I also understand that at no time, can this contract be frozen, or declined, or amended/terminated after the first training session 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 or half of the remaining invoice balance if more than half the training has occurred. It is also understood that after the 1st day of training has occurred for any single camps, withdraw from that camp will result in a termination fee of half the camp price.

Signature: _____ Date: _____

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. 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 _____

INSURANCE INFORMATION

Accident & Medical Insurance Co. _____

Policy Number _____