

Velocity Sports PerformanceSM



Velocity FUNdamental Sports Movements Class

Please return back to Velocity Sports Performance – Irvine

I give my child _____ permission to participate in the Velocity Sports FUNdamentals Sports Movements Class. I understand that there is possibility for injury while participating in the camp, and agree to let the employees of Velocity Sports Performance act in their best judgment in case of sickness or injury. I hereby grant Velocity Sports Performance permission to use any photographs or videos of my child for promotional purposes. My signature below indicates that (1) I will not hold Velocity Sports Performance responsible if injury or sickness does occur, (2) my son/daughter is mentally & physically capable of participating in this camp, (3) his/her participation is voluntary and (4) I voluntarily permit his/her participation.

Name: _____ **Age:** _____
School: _____ **Grade:** _____
Parent's Name: _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Phone: _____ **Emergency Phone:** _____
Alternate Contact: _____ **Alt. Contact Phone:** _____
Email Address: _____
Parent's Signature: _____
Date: _____

Camp Cost: \$79

Please understand this camp is non-refundable. Thank you for your cooperation.

Total Amount: _____

*(Make **Checks** payable to Velocity Sports Performance OR provide the following **Credit Card** information)*

Payment Type: _____ **Credit Card #:** _____
Expiration Date: _____ **CCV Code** (on back of card): _____

Signature: _____

Fax OR Mail to:

Velocity Sports Performance – Irvine

40 Tesla Suite D

Irvine, CA 92618

(949) 387 - 7333; Fax: (949) 387 - 3030

Website: <http://www.velocitysp.com/irvine>