

Velocity Sports PerformanceSM



Velocity Holiday Clinics Registration Form

Please return back to Velocity Sports Performance – Irvine

I give my child _____ permission to participate in the Velocity Sports Performance Holiday Clinics. 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.

Athletes Name: _____ **School:** _____

Age: _____ **Grade:** _____ **DOB:** _____

Club(s): _____ **Sports Played:** _____

Parent's Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Cell Phone: _____ **Home Phone:** _____

Alternate Contact: _____ **Alt. Contact Phone:** _____

Email Address: _____

How did you hear about this Camp? _____

Parent's Signature: _____

Date: _____

Which Clinic(s) Will You Be Attending?

Veterans Day Pure Speed Clinic **Veterans Day Vertical Jump & Explosiveness Clinic**

Thanksgiving Pure Speed Clinic **Thanksgiving Vertical Jump & Explosiveness Clinic**

Camp Cost: \$39/Clinic

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)

Cardholder Name: _____

Payment Type: _____ **Credit Card # (Visa or MC Only):** _____

Expiration Date: _____ **CCV Code (on back of card):** _____

Signature: _____



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