

**Velocity Sports Performance**<sup>SM</sup>



## Homeschool

Please return back to Velocity Sports Performance – Irvine

I give my child \_\_\_\_\_ permission to participate in the Velocity Sports Performance Homeschool Classes. I understand that there is possibility for injury while participating in the clinic 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: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
Alternate Contact: \_\_\_\_\_ Alt. Contact Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
How did you hear about Homeschool classes? \_\_\_\_\_  
Parent's Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**COST: \$60 (6 weeks/6 sessions)**

*Please understand these classes are 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 # (Visa or MC Only):** \_\_\_\_\_

**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>