

Velocity Sports PerformanceSM



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>