

6 WEEK SPEED & AGILITY TRAINING PROGRAM

Fax # - (801)768 - 2983



I give my child _____ permission to participate in the Velocity Sports Performance 6 week training camp. I understand that there is possibility for injury while participating in the camp, and agree to let the employees of VelocitySP act in their best judgment in case of sickness or injury. I hereby grant VelocitySP permission to use any photographs or videos of my child for promotional purposes. My signature below indicates that (1) I will not hold VelocitySP responsible if injury or sickness does occur, (2) my son/daughter is mentally and physically capable of participating in this camp, (3) his/her participation is voluntary and (4) I voluntarily permit his/ her participation.

PARENT INFO (important)

Parents Name _____ Home Phone _____ Cell _____

Address _____ City _____ State _____ Zip _____

Parent EMAIL address below:

ATHLETE INFO

First Name _____ Last Name _____ Date of Birth _____

High School _____ Grade _____ Club Teams _____
(Or high school they will attend)

Sports Played _____ , _____ , _____

6 Sessions for \$99 12 Sessions for \$149

BILLING INFO

NAME ON CARD _____

Billing Address (if different from above) _____

City _____ State _____ Zip _____

PAYMENT INFO

Card Type (Visa/MC) _____ Card # _____ Exp. Date _____

SIGNATURE _____ DATE _____

No Show Policy

Any athlete who fails to show up for a class and has not made *prior arrangements* with Velocity Sports Performance **WILL NOT** be able to make-up that class. *All sales are final.* This policy is intended to provide better service to our athletes and to help meet everyone's needs.