

Velocity Sports Performance™



Speed and Agility Training Camp Registration Form

Please return back to Velocity Sports Performance – Santa Clarita

I give my child _____ permission to participate in the Velocity Sports Performance Speed and Agility Camp on March 23rd through April 29th. 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.

Player's Name: _____ School: _____
Age: _____ Grade: _____ DOB: _____
Club(s): _____ Sports Played: _____
Parent's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Emergency Phone: _____
Alternate Contact: _____ Alt. Contact Phone: _____
Email Address: _____
How did you hear about this Camp? _____
Parent's Signature: _____
Date: _____

Camp Cost: 12 Sessions \$149 or 6 sessions for \$99

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

Please state the dates you will be able to attend: _____

You may cancel/reschedule up to 24 hours before each session

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 – Santa Clarita
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Valencia Ca. 91355
661.294.4000 / Fax: 661.294.4004
Website: <http://www.velocitysp.com/scv>
Email: scv@velocitysp.com

