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SPORT PERFORMANCE TRAINING REGISTRATION FORM

Athlete Information:

First name: _____ Last name: _____

Address: _____

Age: _____ Telephone #: _____ School: _____

E-mail address: _____

Years of participation in sport: _____

Have you previously been involved in some type of physical training, or exercise program? If yes please briefly describe (i.e. where was it, how long did you participate in it, what did it involve, etc).

Emergency Contact Information:

(Please list numbers that will be available during training times)

Contact 1 Name: _____ Number: _____

Relationship to athlete: _____

Contact 2 Name: _____ Number: _____

Relationship to athlete: _____

Fee:

\$120 for a six week camp

Paid on: _____ Payment type: _____ Check _____ Cash _____ Credit Card

We accept MasterCard, Visa and Discover

Credit Card Number: _____ Expiration Date: _____

Authorization Signature: _____ Date: _____

I _____, give permission for my child to participate in Progress in Motion's sports performance camp. I realize that when participating in any type of physical training or sports related activity, even when under the supervision of trained professionals, there is a risk of accidental injury. As such, I understand and voluntarily accept the risk and agree that **P.I.M. will not be liable for any injury** including personal bodily, or mental injury, economic loss or any damage to your child, resulting from the negligence or P.I.M. or anyone on P.I.M.'s behalf or anyone using the programs or services. Further I understand that P.I.M. does not manufacture any of the fitness or other equipment at its facility, but purchases from a third party. As such, I understand that P.I.M. is providing recreational services and may not be held liable for defective products. **I AGREE TO PAY THE ABOVE FEE IN FULL PRIOR TO THE FIRST SESSION.**

Parent Signature: _____

Date: _____