



2010 "ELITE 100" CLUB SUMMER TRAINING PROGRAM REGISTRATION FORM

Program dates: May 17th to June 5th – Entry Fitness Tests / June 5th to July 31st – Program / July 29th and Aug. 3rd – Exit Fitness Tests

Participants Name: _____

Participants Address: _____

E-mail Address: (very important) _____ Home Phone # _____

Date of Birth: _____ Grade in Fall 10 _____ Primary Sport(s): _____

Name of Parent/guardian: _____ Work or Cell # _____

Cost: \$346.13 (\$325 plus Medina County Sales Tax)

PAYMENT OPTIONS: (circle 1 or 2)

1) \$346.13 paid in full

2) Deposit of \$115.37 with application and two additional payments of \$115.37 (one on June 15, 2010 and one on July 6, 2010) via EFT (electronic fund transfer). Payment must be paid via credit card

IF OPTION 2 – Please Read and Sign:

I hereby authorize UXL Sports and Fitness to charge my credit card the amount as indicated in Payment options 1 or 2 as listed above. If I chose option 2, two additional payments of \$115.37 will be charged on the dates as indicated.

Authorizing signature: _____ Date: _____

PAYMENT METHOD: Check / Credit Card (Please Circle one)

If Credit Card. What type? Visa / Mastercard / Discover / American Express (Please Circle one)

Full Name on Credit Card: _____

Credit Card Number: _____ Expiration Date: _____

Please make Checks payable to UXL Sports and Fitness and mail to:

**UXL Sports and Fitness
1057 Pearl Road
Brunswick, OH 44212**

PARENT/GUARDIAN WAIVER RELEASE FORM

This must be completed by the Parent or Guardian of any individual 18 years of age or younger, prior to participation in any activities, classes or clinics administered by UXL Sports and Fitness. This Waiver Release Form is valid for 1 year from the date of signature.

I agree that the participant named will be engaging in physical exercise involving various sports, coordination events and general fitness training in or out of an enclosed facility that could cause injury or death to him or her. I understand that the child is voluntarily participating in these activities and is assuming all risks of injury that may result from engaging in any exercise program or sport related activity including colliding with other participants, colliding with equipment or structures, tripping, slipping, or falling on or off the club (UXL Sports and Fitness) premises. I understand that it is my obligation to inspect the activity area to make sure it meets with my approval in terms of an acceptable training environment. If, for any reason the training area does not meet, in my view, an acceptable standard, it is my right and obligation to decline to participate.

I hereby agree to waive any claims or rights that I might otherwise have to sue UXL Sports and Fitness, the Owner or Landlord of the facility or location where the activity is taking place, their employees, program instructors, coaches, owners, officers, or agents for any injury or death that might occur.

I understand that UXL Sports and Fitness, their employees, program instructors, coaches, owners, officers, or agents will make no evaluation or recommendation as to whether or not any participant is capable or deemed physically fit to engage in any activities. If the participant has any physical or mental condition that may impair his or her ability to engage in any of the required activities, it is your responsibility to obtain a physicians release.

It is recommended that you consult a physician prior to your child participating in any physical exercise program.

As the parent or Guardian of the above named participant, I fully understand and accept all terms set forth in this Waiver Release Form.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ Dated: _____