



PREMIER ATHLETE PERFORMANCE PROGRAM REGISTRATION

Athlete's Name		D.O.B.	
Address/City State & Zip			
School		Sport	
Email			
Emergency Contact			
Phone Numbers			

PLEASE SELECT PEER GROUP (CHECK ONE):

Youth		Middle School		High School	
	College		Professional		

PLEASE SELECT PROGRAM (CHECK ONE):

Team		Team Name		
	Individual			

- * Sessions are 45 minutes to 1 ½ hours depending on program
- *TEAM Discounts (6 or more) are available – please call us at 610-743-3239 for Group or Team Discount rates



LIABILITY WAIVER and RELEASE FORM

I understand that physical exercise can be strenuous and subject to risk of serious injury, and acknowledge that I have been advised to obtain a physical examination from a licensed physician prior to beginning any exercise or personal training. I agree that by participating in these physical exercise sessions or personal training or fitness coaching activities I do so **entirely at my own risk. I have completed a health history questionnaire and I intend my responses thereto become part of this liability waiver and release.**

I understand that the use of Premier Athlete Performance (PAP) facilities, and to participate in PAP classes and programs at the facility or at sponsored events outside the facility is at my own risk. This includes, without limitations: 1) use of all amenities and equipment in the facility and at off-site locations and participation in any activity, classes, programs, personal training, fitness coaching, or instructions; 2) the sudden and unforeseen malfunctioning of any equipment; 3) our instruction, training, supervision or dietary recommendations.

I agree that I am voluntarily participating in these activities and the use of these facilities and premises and **assume all risk of injury. I expressly agree to release and discharge Premier Athlete Performance itself, all members of the LLC and company, my personal trainer, fitness coach, instructor, acts or omissions of third parties including but limited to customers, contractors or employees of PAP from any and all claims, causes of action, or damages for personal injury or property damage, including attorney fees. I also agree to indemnify, protect, defend and hold harmless the released parties from and against all liabilities, claims, actions, damages to my person or personal property, including attorney fees.**

I have read this waiver and release, and fully understand its terms. I expressly agree to release and discharge Premier Athlete Performance, all affiliates, employees, contractors, agents, representatives from all liability and waive any right to bring legal action against the organization for any and all acts or omissions including but not limited to negligence, intentional torts, strict liability, breach of warranty and personal injury or property damage or loss.

Printed Name: _____ Signature: _____

Date: _____

PARENTS fill out below (If athlete is under 18 years of age):

You acknowledge that you are the parent or legal guardian of _____ (child named above) and that he/she will be voluntarily engaging in physical exercise and training involving various methods and equipment which could cause injury.

You understand and agree to all terms and conditions listed above in the "waiver and release form," and your signature confirms agreement to terms as listed on behalf of your child.

____ I grant permission for group photographs or video of my child to be taken and to be used for instructional purposes, publicity and/or program purposes, including on our website.

Child's Name: _____

Parent Name: _____

Signature: _____ Date: _____



CREDIT CARD AUTHORIZATION FORM

ALL INFORMATION WILL REMAIN CONFIDENTIAL & DESTROYED AFTER CHARGE.
WE WILL NOT KEEP YOUR INFORMATION ON FILE FOR FUTURE REFERENCE.

Cardholder's Name: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ MasterCard _____ Discover

Credit Card Number: _____

Expiration Date: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____

Amount to Charge (Circle One) :

High School 3 Days Week \$360

High School 2 Days Week \$300

Middle School 2 Days Week \$285

Youth (7-11 yrs old) 5 sessions \$55

Youth (7-11 yrs old) Unlimited Monthly Sessions Annual Commitment \$60/month

Adult 3 Days Week \$240

SELECT HOW TO PAY (CIRCLE ONE): Option #1 SINGLE PAYMENT IN FULL
Option #2 2 PAYMENT INSTALLMENTS
Option #3 3 PAYMENT INSTALLMENTS

(NOTE: FOR PAYMENT OPTIONS #2 & #3, AFTER THE 1ST INITIAL PAYMENT IS MADE, OUR SYSTEM WILL AUTOMATICALLY WITHDRAW THE DEFERRED PAYMENTS ON THE 1ST OF THE FOLLOWING MONTHS UNTIL THE BALANCE IS PAID).

I authorize _____ to charge the agreed amount listed above to my credit card provided therein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Print Name, Sign & Date Below: Signed: _____
Dated: _____
Name: _____