



_____ Staff Signature

Date _____

Pre-Tryout Performance Sign-Up

“Accelerated pre-season volleyball strength training program”

Parent’s Name _____

Athlete’s Name _____

Email Address: Parent: _____

Athlete: _____

Home Address _____

City _____ State _____ Zip _____ Phone _____

Athlete’s D.O.B. _____ Grade _____ School _____ Club _____

Programs (Please Check One)

_____ Performance 100 (11-14’s) Monday Oct. 12 – Friday Nov. 6 (4 weeks) \$120

_____ Performance 101 (15-18’s) Monday Oct. 12 – Friday Nov. 20 (6 weeks) \$180

All training will be held at the courts volleyball facility on Mondays, Tuesdays, and Thursdays from 6:30-7:30pm and Fridays 5:30-6:30pm. All athletes need to come 2x per week on either Monday-Thursdays or Tuesday-Fridays.

Injury Prevention	Volleyball Specific Training
Power	Nutrition
Speed	Strength
Agility	Acceleration
Jumping Biomechanics	Confidence Building

Methods of Payment: (Please Check One and Fill out all Information)

_____ **Credit Card** Number (Visa or MasterCard Only) _____ - _____ - _____ - _____

Expiration Date: _____

Name as it appears on credit card: _____

Credit Card Billing Address: _____

_____ **Check #** _____ **Bank Info.** _____ **Date of Check** _____

PARENTAL PERMISSION RELEASE OF LIABILITY

I grant permission to The Xplosive Edge director, assistants, or assigned chaperones of the camp to act on my behalf for said minor _____ in granting permission for evaluation/treatment of minor medical problems. I understand that should a major medical problem arise, an attempt will be made to notify me by telephone. In the event that I cannot be reached, I hereby give my consent to such medical treatment deemed necessary by a licensed physician. In addition, I hereby release the Board of Directors of The Xplosive Edge and all its employees from all claims on account of any injuries which may be sustained by my son/daughter while attending any camps. I also agree to indemnify the Board of Directors of The Xplosive Edge and its employees for any claim which may hereafter be presented to my minor son/daughter as a result of any such injuries. I also grant permission for The Xplosive Edge to use photographs of my son/daughters for publicity, advertising, or other commercial purposes. This course admits all qualified applicants without regard to disability, race, color, religion, national or ethnic origin, or sexual orientation.

I hereby certify that I have Read and Fully Understand This Authorization

Parent/Guardian _____ Date _____

Allergic Reactions _____

Medications Currently Taking _____

Any Past illnesses or other information that would be useful in the event medical treatment is necessary:

I hereby state that _____ is physically fit to participate in an active lifting program, and that I know of no physical impairments which would in any manner limit his/her participation in such a program.

**Doctor's Signature _____

Date _____

*The doctor's signature may include sending a copy of the athlete's physical form which is not more than one year old. Physical forms the 2008-2009 year will be accepted.

INSURANCE INFORMATION

Accident & Medical Insurance Co. _____

Policy Number _____

Policy Holder _____

Company Address _____