

**PHILADELPHIA SPORTS TRAINING CENTER**

c/o League Bound Sports Complex

368 Cross Keys Road

Sicklerville, NJ 08081

267-940-PSTC office

Sales@PhillySportsTC.com



www.PHILLYSPORTSTC.COM

**FOOTBALL SPEED TRAINING**

Client Registration Form

2012 Winter I ProgramJanuary 2<sup>nd</sup> – February 24<sup>th</sup>**PERSONAL INFORMATION**

Mother: _____	Father: _____	Decision Maker: Mom <input type="checkbox"/> Dad <input type="checkbox"/>	
Athlete: _____	Date of Birth: _____	Age: _____	
Address: _____	City: _____	State: _____	Zip: _____
Phone No: (home) _____	(cell) _____	(work) _____	
Sport(s): _____	Grade: _____	G.P.A. / SAT: _____ /	
Email: _____	School Name: _____		

**PAYMENT INFORMATION**

<input type="checkbox"/> *Credit Card #: _____	<input type="checkbox"/> Check #: _____	<input type="checkbox"/> Cash: \$ _____
Card Holder: _____	Expiration: _____	Sec. Code: _____

\* Payments accepted through paypal only. Inquire for more details.

**SCHEDULING INFORMATION**

Program Session Days/Times (Choose Primary*)			Program Tuition Costs for Teams Only			
Session	Days per Week	Times	<input type="checkbox"/>	Session	Days / Week	Cost
I.	Monday – Wednesday – Friday	6:00pm – 7:00pm	<input type="checkbox"/>	I.	3	\$400
II.	Tuesday - Thursday	6:00pm – 7:00pm	<input type="checkbox"/>	II.	2	\$300
III.	Monday – Wednesday – Friday	7:00pm – 8:00pm	<input type="checkbox"/>	III.	3	\$400
IV.	Tuesday - Thursday	7:00pm – 8:00pm	<input type="checkbox"/>	IV.	2	\$300

\*\*Prices subject to change\*\*

New Client  
 Renewal

Prorating available with less than 4 weeks with following program

- Speed Training Only
- Minimum of 10 per session & Maximum of 20 per session
  - Choose your primary session, but you may attend other sessions if not filled
- Athletes will be reassigned if primary per session minimum is not met

Office Use Only: Sales Initials \_\_\_\_\_ Date \_\_\_\_\_ R \_\_\_\_\_ O \_\_\_\_\_ E \_\_\_\_\_ W \_\_\_\_\_ Notes \_\_\_\_\_



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**AGREEMENT AND RELEASE OF LIABILITY**

**PLEASE READ** the following information for your information regarding policies and procedures as a client on performance evaluations, equipment usage, and training protocols. If you have questions, **PLEASE ASK**.

- 1. My participation in receiving personal training with PSTC is voluntary and I may, at anytime, withdraw from training with minimal penalty. I understand that there will be no refunds following this withdrawal. (Initial \_\_\_\_\_)
2. I understand that all performance testing administered is under the direction of PSTC personal "sports" training and staff. This is a basic evaluation for use of monitoring weight loss, strength training, and muscle toning. (Initial \_\_\_\_\_)
3. I understand that precautions will be used during this evaluation / training program to prevent physical injury to me. However, in the event of physical injury resulting from the fitness evaluation procedures, equipment usage, or training program, no medical treatment or monetary compensation will be provided. I assume full risk associated with my participation in the training programs and agree to hold harmless Philadelphia Sports Training Center and all employees associated with this company. (Initial \_\_\_\_\_)
4. I acknowledge that Philadelphia Sports Training Center is relying solely on information provided by me regarding my medical history and physical condition, in allowing me to participate in any evaluation or training session. Certify that I have made complete disclosure of my medical history and physical condition and the information provided is true and correct. (Initial \_\_\_\_\_)
5. I so hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed that it is extremely important for my well being and health that I obtain my physician's approval for my participation in any exercise/fitness activity or in the use of exercise equipment or machinery. I also acknowledge that is has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and use of exercise and training equipment. I do hereby acknowledge that I have my physician's permission to participate in activity and hereby assume all responsibility for my participation. I have been notified that Philadelphia Sports Training Center employee's are not licensed Nutritionist or Registered Dietician and their recommendation is only a suggestion and not mandatory for usage. I understand that I should consult with my doctor for a referral of a nutritionist. (Initial \_\_\_\_\_)
6. I hereby give permission to Philadelphia Sports Training Center to use my name and likeness in any advertising or marketing promotions while training as a client and for a period of three years beginning the last day of my physical activity. (Initial \_\_\_\_\_)
7. I acknowledge that I am training independently as a client of Philadelphia Sports Training Center and that this company is not affiliated, employed, or under the direction of League Bound Sports Complex. I understand that training in League Bound Sports Complex is not responsible for any operations of Philadelphia Sports Training Center and release from liability League Bound Sports Complex from any responsibility of injury or death. I agree not to remove any equipment used by Philadelphia Sports Training Center during my training program or any equipment that is in the gym facility. I understand that if I remove any equipment that I am under penalty from the laws of New Jersey, Pennsylvania, and Delaware for theft, deception of theft, or any other associated penalty and I may face eviction from the facility and building without receiving paid deposit and will pay the replacement of stolen equipment or attorney's fee's in the event of lawsuit. (Initial \_\_\_\_\_)
8. If I am over 18 years of age and have reviewed the above mentioned agreement and have been given a consultation prior to starting my training program with Philadelphia Sports Training Center. (Initial \_\_\_\_\_)
9. I agree to pay the amount indicated on the registration form or team rate in full or on a payment plan as agreed and approved by PSTC staff. (Initial \_\_\_\_\_)
10. This Agreement shall be governed by and construed in accordance with the laws of the states of New Jersey, Pennsylvania, and Delaware. (Initial \_\_\_\_\_)

\_\_\_\_\_  
Signature of Client  
(Parent if under age of 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Trainer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name