



## Athlete Profile

Athlete Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship to Athlete: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Sport: \_\_\_\_\_ Secondary Sport: \_\_\_\_\_

School District: \_\_\_\_\_ Dominant Hand: Right Left Ambidextrous

Has your child ever worked with a Personal Trainer or Performance Trainer: Yes No

What are your child's specific goals as it relates to training? \_\_\_\_\_

\_\_\_\_\_

### Monthly Small Group Training "SGT" (:60 minute sessions, 2 - 4 participants per group)

SGT may include 4-12 monthly scheduled sessions as described below. If you would like to make up a missed session please notify us ASAP and we will place you in an existing group. Sessions expire 30-60 days after the first session is completed, see details below. Exceptions for prolonged illness or injury may be considered for an extension.

- Maintenance Program \$30.00 per session, 4X sessions total = \$120 (valid for 30 days)
- Standard Program \$25.00 per session, 8X sessions total = \$200 (valid for 45 days)
- Elite Program \$22.50 per session, three 12X sessions total = \$270 (valid for 60 days)
- YES, take 10% OFF my Program Selected Above with my purchase of 24 total sessions**

*\*\*\*1-on-1 Private Training is also available for an additional fee. Ask a Coach for complete details.\*\*\**

Make checks payable to **S3 Performance Training, LLC**. You may also use Visa, Mastercard, American Express or Discover. **All payments must be received prior to the start of your first session.**

Credit Card # \_\_\_\_\_ Expiration \_\_\_\_ / \_\_\_\_ Security # \_\_\_\_\_

If you billing address is different than above, please enter it here: \_\_\_\_\_

\_\_\_\_\_

## Medical History

Please indicate any medical conditions that may affect your performance or prevent you from participating in certain athletic activities. Make sure to include any surgery, broken bones, or illness that required hospitalization within the past 24 months:

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## Liability Waiver

In consideration of being permitted to engage in the following activity -S3 Performance Training (hereinafter referred to as the "Activity") coordinated by S3 Performance Training - I acknowledge and agree to, on my own behalf, and on behalf of my personal representatives, heirs, assigns, executors, administrators and next of kin, as follows:

1. I am aware and acknowledge that injury or death may result from my participation in the Activity and from the use of the premises and facilities where the Activity is located or is to occur, or if premises and facilities are not an applicable description, the general area where the Activity is to occur, and the use of any machinery, equipment or apparatus located therein or thereon (collectively the "Activity Premises").
2. Upon entering the Activity Premises, I will inspect the same and my observation and my engagement, participation and/or involvement in the Activity shall constitute an acknowledgement that I find and accept them to be safe and reasonably suited for their intended purpose.
3. I hereby release S3 Performance Training, LLC & Heritage Hills Athletic Club/Ballyhoo Sports 2810 E. Prospect Road, York, PA 17402 (collectively as the "Releasees") from and against any and all liability for any loss, damage, injury, expense, demand or cause of action that I may suffer whether with respect to personal injury, death, damage to or destruction of property, theft or otherwise, which may arise as a result of my presence in, upon or about the Activity Premises or my use of the Activity Premises.
4. I will indemnify and hold harmless the Releasees, collectively and individually, from any and all losses, liabilities, damages, demands, costs, causes of action and expenses that they may incur, for any reason whatsoever, which may arise as a result of my participation in the Activity, and my presence in, upon or about the Activity Premises.

**I acknowledge that I have read this Waiver of Liability, and have been given reasonable opportunity to discuss this with my legal counsel. Further, I acknowledge that I fully understand the terms of this Waiver of Liability and that I have signed it freely and voluntarily without any inducement, assurance, guarantee or oral representation being made.**

Date: Month / Day / Year

Athlete Signature: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Parent or Guardian Print Name: \_\_\_\_\_