

VERTICAL JUMP & AGILITY TRAINING FOR AVC AMERICAN / REGIONAL PLAYERS

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|-----------------------------|-----------|---------------------|--------------|
| Athlete's First Name | Last Name | Age | DOB (m/d/yy) |
| Primary Phone | | Coach's Name / Team | |
| Parent's or Guardian's Name | | Email | |

| Please Check the DAY(S) and TIME(S) your athlete will be attending | | |
|---|---|--|
| <p style="text-align: center;">Wednesday</p> <p><input type="checkbox"/> 7:30pm</p> <hr/> <p style="text-align: center;">Friday</p> <p><input type="checkbox"/> 5:30pm <input type="checkbox"/> 6:30pm</p> <hr/> <p style="text-align: center;">Sunday</p> <p><input type="checkbox"/> 10am <input type="checkbox"/> 4pm</p> <p><input type="checkbox"/> 11am <input type="checkbox"/> 5pm</p> <p><input type="checkbox"/> 12pm <input type="checkbox"/> 6pm</p> | <p>Additional Classes: May be added based on coach availability and a class enrollment of at least 5. If you would like to request additional class days/times, please do so here:</p> <p>Team Training: \$15/athlete (5 athlete minimum)</p> <p>Private & Small Group Coaching: Starting at \$60/hour. If you would like to request days/times for private coaching, please do so here or email schedule@csiathlete.com:</p> | <p style="text-align: center;">Important Information</p> <ul style="list-style-type: none"> * Classes Begin: Jan 6 and run through April 30, 2017 * Classes are 1 hour in length * Max coach/athlete ratio, 1:10 * AVC athletes only – no age restrictions * Missed classes can be made up during any available AVC class times or at the Broadview Heights location (1 Eagle Valley Court). We will also offer a bonus/make-up week on April 24 & 30 * Training Fees are based on the entire season (4 months). Please email schedule@csiathlete.com for special circumstances. * Class Minimum of 5 must be met * Registration must be received by Wednesday, December 28th |

Training Fees:

1x/week: \$59/month (credit card auto-deduction for 4months) or \$212.40 PIF
 2x/week: \$69/month (credit card auto-deduction for 4 months) or \$248.40 PIF

Total: \$

Make checks payable to: Cleveland Sports Institute Check # _____

*Credit Card # _____ Exp _____ (*or call 440-463-5366 to give card# by phone)

Drop off registration form and payment to the CSI mailbox located at the Parisi Information Board in the AVC lobby, Scan and email to schedule@csiathlete.com or Mail to: Cleveland Sports Institute – 1 Eagle Valley Court – Broadview Hts, OH 44147

Release: In consideration of acceptance of my child in the Athletic Training Program outlined above, I hereby for myself, my child, their heirs, executors and administrators waive and release any claim we may have for damages against The Cleveland Sports Institute, their officials, officers, employees or representatives; or their successors, for any and all injuries that may be suffered by my child while or as a result of participating in the above said program. I certify that my child has been checked by a licensed medical doctor within the last year and is in good health. I also certify that The Cleveland Sports Institute makes no guarantees that the athlete participating in the program will never get injured. I agree that my athlete is only entitled to the training sessions specified by The Cleveland Sports Institute for this Camp. I am also aware that my athlete is not entitled to a refund unless a doctor states in writing that my athlete cannot take part in the Athletic Training Program specified. I certify that I am the Parent/Guardian of the above mentioned athlete and I am over 18 years old and agree to the conditions specified above.

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|---------------------------|------|
| Parent/Guardian Signature | Date |
|---------------------------|------|

Questions? Please email schedule@CSIathlete.com