



503.545.7080  
 info@getspeed4sport.com  
[www.getspeed4sport.com](http://www.getspeed4sport.com)

### Training Rates and Registration

# of Athletes	1 Session	5 Sessions	6 or more sessions
1 athlete	\$50	\$250	\$40 per session
Group of 2	\$40 each	\$200	\$30 per session
Group of 3	\$30 each	\$150	\$25 per session
Group of 4	\$25 each	\$125	\$20 per session
Group of 5	\$20 each	\$100	\$15 per session
Group of 6+	\$15 each	\$75	\$15 per session

\*After 15 minutes of tardiness, we reserve the right to cancel a session. You will be charged unless you have given a 24-hour notice.

Please make checks payable to Speed-4-Sport. We also accept all major credit cards; MasterCard, Visa, American Express, and Discover Card.

Athlete Name \_\_\_\_\_ Parent(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_ Sport(s) \_\_\_\_\_ School \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent e-mail \_\_\_\_\_ Athlete e-mail \_\_\_\_\_

**Release of Liability**

My son/daughter is in good health and is able to participate in a vigorous training program. He/she has no previous sickness, illness, disease or bodily injury that is contradictory to participation. We understand that Speed-4-Sport is not responsible for any physical injury that may occur during the course of training activities. I hereby, release, hold harmless, discharge and agree not to sue Speed-4-Sport, its directors, facilities, and coaches for all liability from athlete participation in this program. In the event that my child is injured I give my permission for such medical procedures as may be deemed necessary.

**X** \_\_\_\_\_ **Date** \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_