



# ATHLETE INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I: \_\_\_\_\_  
 Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M or F Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

*How did you hear about us?* \_\_\_\_\_

*Have you ever trained with us? When?* \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ EMERGENCY Ph#: (\_\_\_\_) \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Father's Address (if different): \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Mother's Address (if different): \_\_\_\_\_

Your E-Mail Address: \_\_\_\_\_

Parents E-Mail Address: \_\_\_\_\_

	Sport #1	Sport #2	Sport #3	Sport #4
School Team				
Sport				
Current Grade Level				
Position				
Coach				

**FOR OFFICE USE ONLY**

**PAYMENT INFORMATION**

1) Program cost: \_\_\_\_\_ \$ \_\_\_\_\_

**If unable to pay for the program in full, workouts will be scheduled weekly.  
 Workouts must be paid for prior to each training session.**

**“A Service Charge of 1.5% per month, 18% APR, will be added to all overdue accounts as well as all legal and collection fees.”**

3) I would like to purchase an additional Acceleration T-shirt (s) \$10.00 \$ \_\_\_\_\_

4) Total Payment Due prior to first workout \$ \_\_\_\_\_

5) Payment Method: ( ) Check/Cash ( ) Visa / MasterCard

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I understand that I am responsible for fulfilling the above payment arrangements set forth by Athletic Edge Sports Training.

Signature of Participant (or parent if a minor) \_\_\_\_\_ Date \_\_\_\_\_