

Small-Group Personal Training for Lacrosse 2009

ATHLETE NAME _____

SELECT LEVEL

MIDDLE SCHOOL HIGH SCHOOL COLLEGE/AMATEUR PROFESSIONAL

SELECT PACKAGE

- 15 sessions at \$30 per session (\$450)*
 100 sessions at \$25 per session (\$2500)**

\$ _____

*you have 6 months to use your 15 session package.

** you have 18 months to use your 100 session package.

SPECIAL OFFER! Sign up for 100 session package and receive a full membership to COREXCEL (\$1200+ value)! COREXCEL grants you online access to your workouts, reports, questionnaires, nutrition & training secrets, and much more!

SELECT DAYS & TIMES

Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays
<input type="checkbox"/> 415-515pm	<input type="checkbox"/> 530-630pm	<input type="checkbox"/> 415-515pm	<input type="checkbox"/> 530-630pm	<input type="checkbox"/> 415-515pm	<input type="checkbox"/> 1000-1100am <input type="checkbox"/> 1100-noon <input type="checkbox"/> noon-100pm

1-on-1 Athlete Evaluation

<input type="checkbox"/> \$100 -includes free Performance T-shirt- -Required for all new athletes or those who have not trained in the last year-
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+

\$ _____

Payment Options

<input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash <input type="checkbox"/> EFT
<input type="checkbox"/> CC# _____ _____ _____ Exp. ____/____

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Grand Total

\$ _____

Office Use: <input type="checkbox"/> Waiver <input type="checkbox"/> Mind Body <input type="checkbox"/> COREXCEL <input type="checkbox"/> Paid Start date ____/____/____ Updated 9-16-09
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ATHLETE INFORMATION		T-shirt size <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL
Name:	Date of Birth:	Grade
School:	Sport:	Coach:
Club/School:	Sport:	Coach:

PARENT INFORMATION		
Name:	Email:	
Address:	City:	Zip Code:
Home Phone:	Mobile Phone:	

Reschedule Policy

We require **at least 12 hours advanced notice** to reschedule a SMALL-GROUP PERSONAL TRAINING session or the session will be forfeited. All sessions must be completed by the package expiration date, or they will be forfeited. Call 608.831.CORE (2673) to reschedule sessions.

Refund/Cancellation Policy

I understand that my entire fee, less a \$50 nonrefundable processing fee will be refunded if such an athlete cancels at least 2 weeks prior to the first day of training. At any time after that date, I will receive a credit minus the \$50 registration fee for future instruction. I further understand that there will be no refund or credit for days unattended. Core Athletic reserves the right to cancel any program offerings or decline any application.

Waiver and Release of Liability

Upon payment of the initial fee, you will become a user of the CORE Athletic, LLC Fitness Center ("Center"). You will be entitled to an appropriate pro-rated refund of fees actually paid to this facility. To obtain a refund, present the original white receipt of your payment and a certification by a licensed physician stating that you are restricted from using the services of this facility by reason of permanent and total disability. Upon certification (as set forth above) of a temporary physical disability, the balance of your usage will be extended during the term of such disability. You agree to obey all rules and regulations now in force or in the future prescribed by the Center for the use of the Center's facilities. CORE Athletic, LLC reserves the right to revoke a user's use of the facilities if the user fails to obey any such rules and regulations. The Center cannot provide safekeeping of your personal property. If you bring items of value to the Center, you do so at your own risk. By providing your name and telephone number, you hereby expressly permit and authorize CORE ATHLETIC LLC representatives to contact you via telephone or the internet to discuss your interest in our programs. We reserve the right to use photos for promotional events and future use. CORE ATHLETIC LLC will not sell your personal information to other parties. You certify, to the best of your knowledge, that you are in good physical health and have no dietary or physical restrictions which would prevent you from participating in the prescribed programs at the Center. You agree that you are not to exercise or use any equipment before you have been instructed properly by a staff member. You, as a CORE client, must follow the CORE prescribed exercise program. In the event you do not follow the CORE prescribed exercise program and you sustain an injury as result of not following the CORE prescribed exercise plan, CORE ATHLETIC, LLC or Breslive, LLC, shall not be responsible for any damages sustain by you. You acknowledge that you have read the above, understand the contents and received a copy.

Signature:	Print Name:	Date: / /
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How did you hear about CORE ATHLETIC?

- Sport Coach _____
 Keva Sports Center
 Core Athletic Website
 Friend: _____
 Other: _____
 Core Athletic Newsletter

RETURN COMPLETED FORMS TO:

CORE ATHLETIC, 2275 Deming Way Ste. B100, Middleton, WI 53562
608.831.CORE (2673) or info@coreathletic.com