



***Registration for Acceleration Sport Training Programs***

**Athlete's Name:** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Parent's Name:** \_\_\_\_\_

**Primary Sport/Position:** \_\_\_\_\_ **Coach:** \_\_\_\_\_

**Secondary Sport/Position:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone(H)** \_\_\_\_\_ **Phone(W)** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Athlete's e-mail:** \_\_\_\_\_ **Parent's e-mail:** \_\_\_\_\_

**Type of Payment:** **Cash** \_\_\_\_\_ **Check** \_\_\_\_\_ **Credit Card** \_\_\_\_\_

**MC/VISA #** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Number of Athletes** \_\_\_\_\_

***PLEASE CHECK DESIRED PROGRAM (S):***

- \_\_\_ Acceleration w/Sport Cord
- \_\_\_ Acceleration Program
- \_\_\_ Recreational Athlete
- \_\_\_ Pre Acceleration Program
- \_\_\_ Sport Cord Program
- \_\_\_ Youth Performance 7-10yr
- \_\_\_ Strength Training
- \_\_\_ Strength Training w/Hitting Tunnel
- \_\_\_ Acceleration Training
- \_\_\_ Personal Training

***Group and Team  
Discounts Available!!!***

Payment Information: For office use only

Payment Date: \_\_\_\_\_

Amount: \_\_\_\_\_ Acct # \_\_\_\_\_



Are you currently taking any medications? Yes \_\_\_ No \_\_\_

If yes please list the medications and the reason(s) for taking them:

Have you ever been advised by a physician to avoid any type(s) of exercise? If yes, please explain:

Have you undergone any physical therapy or extended treatment for any injury? If yes, please explain:

Are there any other health or orthopedic conditions (hand, wrist, elbow, shoulder, ribs, back, hips, knees, ankles, or feet) which might limit your participation in any of the Sports Enhancement Center programs? Please explain:

Will You be involved in an outside weight training program when training at SEC?  Yes  No

Will You be competing or training in a sport when training at SEC?  Yes  No

If so what sport, how often, and for how long?

**Emergency Information:**

Spouse's Name: \_\_\_\_\_ Work # \_\_\_\_\_ Home# \_\_\_\_\_

Relative /Neighbor: \_\_\_\_\_ Work # \_\_\_\_\_ Home# \_\_\_\_\_

\_\_\_\_\_  
Signature of client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian  
(If participant is under 18)

\_\_\_\_\_  
Date