

REGISTRATION FORM

Contract Date: _____

Name: _____

Date of Birth: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-Mail: _____

Sport: _____

Position: _____

Date of Birth: _____

Past Injuries:

Allergies:

Medical Conditions:

Last Physical: (circle one) > 6 months <6 months 1 year or more

I attest that to the best of my knowledge that the above information is true.

Athlete's Signature: _____ Print Name: _____

Parent's Signature: _____ Print Name: _____

Parent's Signature: _____ Print Name: _____

Waiver:

I hereby release Ryan Mentzel from all claims on account of pre-existing injury, pre-existing medical condition or any injuries sustained at, or in any Athletes' Enhancement program. I agree to indemnify Ryan Mentzel and Athletes' Enhancement of any claims, which may here after result from such injuries.

I hereby state that I am physically fit to participate in Ryan Mentzel's Training Programs and I am granting full permission.

Guardian/Parents Signature: _____ **Date:** _____

Athlete's Signature: _____ **Date:** _____

There are no refunds once training has commenced. There will be 1 make-up day per month. The Athlete has ___ months to complete training after which your package becomes void. All cancellations must be made 24 hrs. in advance to receive a make-up. _____ Initials