



Excel Speed Training

"Eye Socket, Hip Pocket"

2019 Registration Form

Athlete Information

last name	first name	date of birth (month/day/year)	
street address / apt. no	city	state	ZIP
current school / grade	what sport(s) does athlete participate in?	S M L XL XXL circle uniform size	

Parents / Guardians / Emergency Contact

1

last name	first name	relationship to athlete	cell phone
home phone	work phone	e-mail address	

2

last name	first name	relationship to athlete	cell phone
home phone	work phone	e-mail address	

Notify in case of Emergency:

name / relationship	phone number
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Acknowledgement

I hereby authorize the staff of Excel Speed & Fitness Training, LLC to act for me according to their best judgment in any emergency requiring medical attention, and hereby waive and release Excel Speed & Fitness Training, LLC from any and all liability for any injuries incurred while training. I have no knowledge of any physical impairment that would be affected by the above athlete's participation. I also understand that Excel Speed & Fitness Training, LLC retains the right to use any photographs and images taken of the athletes during training for promotional purposes.

Parent / Guardian Signature	Date
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