

STYNER

SPORTS TRAINING

Date: _____

NAME: _____ D.O.B. _____

Parent/Guardian (if under 18): _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Cell #: _____

Emergency Contact: _____

How did you hear about us?

Friend: _____ Advertising Internet Other _____

Package(s) **Payment is to be due before class session begins**

\$40 Open Gym (per month) \$80 – 8 Class Pass (2x /wk)

\$100 – 12 Class Pass (3x /wk) \$125 Unlimited Class

**** All classes must be used during the month purchased****

Payment amount: _____ Payment method: Cash Check # _____ Credit card _____

**In recognition of the possibility of injury associated with training, and in consideration of Styner Sports Training LLC accepting the above named participant for its program and activities, I hereby release, discharge, hold harmless, and/or indemnify Styner Sports Training LLC for and against any and all claims of any nature from my (or if the participant is under the age of 18, from my child's) participation in the sports training program. I certify that I (or my child, if the participant is under the age of 18) have received a physical examination by a physician who has declared that I (or my child) am/is physically able to participate in the sports training program without restrictions. Furthermore, I hereby release, discharge, hold harmless, and/or indemnify Styner Sports Training LLC for and against any and all claims of any nature arising from any of my children's activities at the facility. I acknowledge Styner Sports Training LLC and its agents do not provide supervision/babysitting services, and parents are expected to monitor their children and ensure their safety at all times.

Parent/Guardian (if under 18) _____ Date: _____

Signature: _____ Date: _____