HANK GEORGE SOCCER PERSONAL TRAINING REGISTRATION FORM

I certify that my child is in excellent physical health, and may participate in strenuous physical activities, or any sports to be played at clinic/camp/club tryout/training. I fully understand that in undertaking this training program some risk may be involved as in any activity, and I fully assume that risk.

Permission is granted for my son or daughter to receive emergency medical treatment if needed, and I hereby release Hank George, Hammer Futbol Club, and their affiliated entities from all liability, claims, demands, and causes of action of personal injury, property damage and/or other loss suffered by my child in connection with his/her participation in the tryout, camp, clinic and training.

I have read and understand this form and the program it described, and I do voluntarily request the right to participate in the program. I represent that I am a parent/guardian to the minor named below and agree that the grant and release contained therein binds the minor and me to all terms.

Athlete (print name):

Date of Birth:

Address:

Phone Number:

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Parent/Guardian:

Phone Number:

Email:

Person to notify if parent/Guardian is unavailable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Training Pricing (Ages 7 – 18)

1 Session - $75

5 Sessions - $65

10 Session - $60

20 Session - $55

Make check or money order payable to ‘Hammer FC’ and bring to first training session!

Email this form to [hank@hammeracademy.com](mailto:hank@hammeracademy.com) subject “Personal Trainings” to schedule date/times

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Hank George 366 High Street, Central Falls RI. 02863