

ATHLETE INFORMATION

Last Name: _____ First Name: _____ MI: _____

Birth Date: ___/___/___ Gender M or F How Did You Hear About Our Program? _____

Address _____ City _____ State _____ Zip _____

Permanent Address (if different from above): _____

Height (inches): _____ **Weight:** _____ **Have you ever trained with us? When?** _____

Phone (____) _____ E mail Address: _____

EMERGENCY CONTACT: _____ EMERGENCY PH # _____

Fathers Full Name: _____ Address (if different): _____

Mothers Full Name: _____ Address (if different): _____

MEDICAL INFORMATION / RISKS:

	Sport #1	Sport #2	Sport #3	Sport #4
School Team	_____	_____	_____	_____
Sport	_____	_____	_____	_____
Current Grade Level	_____	_____	_____	_____
Position	_____	_____	_____	_____
Coach	_____	_____	_____	_____

Signed: _____ (Athlete)

_____ (or Guardian if athlete is under 18)

FOR OFFICE USE ONLY

Level / Program: _____

Start Date: _____ Stop Date: _____

FAST CLUB MEMBER? _____

PAYMENT INFO

DATA ENTRY: Athlete Info _____ Pre-SE _____ Pre-Plyo Test _____
 Pre-Standardized Perf Test _____ Pre-Wingate Test _____ Weight Sheet Made _____

DATA ENTRY: Post-SE _____ Post-Plyo Test _____
 Post-Standardized Perf. Test _____ Post-Wingate Test _____

LETTER / CHANGE REPORTS PRINTED: Post. Athlete _____ Post Parent _____ Post Coach _____



Frappier Acceleration Sports Training™

POLICIES

1. PAYMENT of Frappier Acceleration Sports Training and payment of per session programs are to be **PAID IN FULL** at the time of registration prior to any testing or training
2. **THE FEE BALANCE WILL BE HELD ON ACCOUNT FOR A MAXIMUM OF 75 DAYS FROM START DATE.** If training has not been completed after the “**10 WEEK RULE**”, the remainder of your training sessions will be **FORFEITED. NO EXCEPTIONS.** Our full program is designed for completion in 6 – 8 weeks on a three time per week basis to achieve the full physical and neurological benefits.
3. Cash refunds will not be given. Individuals granted refunds would receive a credit for the amount, which may be used towards the purchase of other services. These credits are transferable to other individuals
4. If, at any time, an individual is unable to participate in physical activity due to an injury, the prorated balance of their fee may be refunded or maintained on account until the individual is able to return to physical activity.
5. Any individual failing to show for a scheduled Acceleration Training session or Personal Training appointment will forfeit a paid session. Any running athlete who has not shown up for a scheduled appointment will be ineligible to receive a speed club shirt.
6. Cancellations are to be made one day in advance. Athletes canceling on the day of their appointment will be charged for that session unless we are able to fill that appointment with someone else. Early cancellations will lessen the possibility of forfeiting a paid session.
7. Any individuals that are 5 – 15 minutes late for a scheduled appointment will receive a modified training session. This means the individual is in proper workout attire performed the dynamic warm-up and Stick exercises prior to their scheduled appointment time. This way our trainers can begin training promptly at the scheduled appointment time. If an individual is over 15 minutes late they will forfeit that session.

I have reviewed the Policy Form, understand the conditions, and my questions have been answered.

Date: ____/____/____

Name: _____
(First) (M.I.) (Last)

Signature

Parent or Guardian's Signature