



# Registration Form

## XPLODE FOOTBALL 2012



Athlete Information (please print)	Last Name	First Name	Age
	Street Address	City	Postal Code
	Home Phone	Work/Cell Phone	Date of Birth (dd/mm/yyyy)
	High School/University Sports Teams	Position	
	Please list all medical conditions McDole Performance Systems should be aware of		
	Email Address		
Parent Information	Last Name	First Name	Relation
	Home Phone	Work/Cell Phone	
	Email Address		
	Referred By		

### Available Packages:

**Full Off-Season Package:**

Dates: **January 9th - August 5th**

Cost: Registration Fee: \$175

January 2nd Payment: \$315

March 1st Payment: \$315

May 1st Payment: \$315

July 2nd Payment: \$315

Total: **\$2205.00**

**Team Correspondance:**

Dates: **January 16th - August 5th**

Cost: \$550 + tax

February 1st Payment: \$315

April 2nd Payment: \$315

June 1st Payment: \$315

Total: **\$577.50**

### Payment Methods:

Option 1) Credit Card:

VISA

M/C

Credit Card #: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Option 2) Bank Information (for Pre-Authorized Debit (PAD)):

Financial Institution: \_\_\_\_\_

Branch# \_\_\_\_\_ Transit# \_\_\_\_\_ Account# \_\_\_\_\_

**PLEASE ATTACH A CHEQUE MARKED "VOID"**

### PAD Debit Agreement:

I authorize McDoles Gym to debit the account indicated above, for the fixed amounts indicated in the above marked payment schedule.

### Agreement Details:

The initial non-refundable deposit is due at the time of registration in order to reserve a spot in the program. If for any reason a participant decides to leave the program, a refund will only be issued in the first seven days of the program (May 3rd-May 9th). After May 9th, no refunds will be issued and all payments are due on the dates indicated.

### Consent (This section must be completed by a parent for all athletes under the age of 18)

I, \_\_\_\_\_ (print name), give my consent for me/my child, \_\_\_\_\_ (print name), to participate in a fitness program conducted by McDoles Gym.

#### Risks:

I recognize that exercise carries some risk to the musculoskeletal system (sprains, strains) and the cardio-respiratory system (dizziness, discomfort in breathing, heart attack). I hereby certify that I know of no medical problem, which would increase my child's risk of illness and injury as a result of participation in a regular exercise program.

By signing this consent form, I understand the risks and benefits I/my child may experience with exercise. I also waive the responsibility of McDoles Gym if I/my child should incur any injury as a result of participating in a fitness session.

Signature/Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Your Acceptance:

You have carefully read and understood this Agreement.

By signing below, the terms and conditions are accepted, and agreed to on this date.

Buyer \_\_\_\_\_

Date \_\_\_\_\_

MPS \_\_\_\_\_

Date \_\_\_\_\_