



FURY PERFORMANCE



TRAINING

Registration and Waiver Form

Student Information:

Student Name: _____ Parent's Name: _____

Address: _____

Email Address: _____ Phone Number : _____

Alternate Phone Number: _____ Date of Birth: _____

Medical Conditions: _____

Circle Student T-Shirt size: Kid: S M L Adult: S M L XL XXL

Instruction Information:

Registration Fee: \$20 per student or \$30 per family per year. Family represents two plus students from same family.

Payment methods: We accept Checks, Cash, and all major Credit Cards. Checks need to be made out to Fury Performance and in the Memo section of the check include the athlete's name. All payments must be made at the time of the training. For semi-private and team sessions a deposit must be made at the time of scheduling. Deposit amount will be determined by Coach Joe.

Return Check Fee: \$25 and cash only payments will be accepted for future training.

Cancellation Policy: For private, semi-private, and team training sessions a 24hour notification is required. Failure to cancel within 24 hours will require full payment for a missed session with no communication with Fury Performance Training.

Waiver and Release of Liability:

I understand that, in sports performance training, there is always a risk of permanent or partial injury and/or disability. I hereby waive and release Fury Performance Training, the owner, employees, sponsors, and all participants directing their programs from any liability for injuries the student might incur while participating in the programs, camps, clinics, and training sessions. I certify by my signature below, that I know of no mental or physical problems that might affect the athlete's ability to safely participate in the programs offered by Fury Performance Training. I further agree to be solely responsible for any medical or related expenses that arise from the student's participation and/ or attendance in the programs offered by Fury Performance Training. I hereby authorize the instructors and/ or management of Fury Performance Training to act for me in my absence according to their judgment in any emergency requiring medical attention.

I understand and agree that Fury Performance Training, its owner, employees, and instructor's will not be held responsible for the loss of any personal property sustained during the athlete's attendance at any Fury Performance services, programs, or lessons. I understand that Fury Performance is not providing medical insurance for any programs or lessons administered upon to students, and I certify that all information concerning my child's insurance policy is factual and true.

Parent/Guardian Name (Printed) _____

Date: _____

Parent/ Guardian Signature: _____