

PLYOCITY REGISTRATION FORM

Athlete's Name	Age	Sport	
Home Address	City	State	Zip
Parent/Guardian	E-mail	2nd Email (if applicable)	
Home Telephone	Cell Phone	Voucher # (if applicable)	

To meet both the financial and training needs of every athlete, PlyoCity has set up the following workout programs. Please (X) the Program desired. All monthly dues must be auto-debited or paid 4 months in advance.

- GOLD INDIVIDUAL PROGRAM:** This is for athletes who wish to train once a week.
\$89.00 per month
\$89.00 initial payment + \$89.00 per month or \$356.00 for 4 months
- PLATINUM INDIVIDUAL PROGRAM:** This is for athletes who wish to train 2 to 3 times per week.
\$150.00 per month
\$150.00 initial payment + \$150.00 per month or \$600.00 for 4 months
- SMALL GROUP TRAINING:** This is for groups of 2 – 4 athletes. By appointment only; 4 workout minimum. **Includes Plyo training and Medicine Ball workout.**
\$125.00 per hour = \$500.00 initial payment for 4 team workouts.
- PRIVATE INDIVIDUAL PROGRAM:** This is for individuals looking for private training. By appointment only; 4 workout minimum. **Includes Plyo training and Medicine Ball workout.**
\$75.00 per hour = \$300.00 initial payment for 4 private workouts.

Form of Payment: (Please check one)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cash	Check	Visa	MC	AMX

Total Paid: _____

Credit Card Number (if applicable) _____

Exp. Date (month/year) _____

Name as it appears on Credit Card – please print _____

Signature _____

Monthly Dues

I _____ hereby authorize PlyoCity and their processing agent to debit my (please check one) ____ credit card or ____ checking account on a monthly basis (if paying by check, please include a voided check). This auto debit will remain in effect until I notify PlyoCity by email or telephone with a 30-day notice.

X _____
Signature

Reminders:

- If paying by check, make all checks payable to PlyoCity.**
- Minimum commitment for all programs is 4 months.**
- All monthly dues must be auto debited on monthly basis or paid 4 months in advance.**
- Please put your signature at all places indicated by an X.**

X _____
Signature *I have read and understand points 1-4*

PLYOCITY YOUTH DEVELOPMENT

Waiver of Liability and Medical Emergency Release

_____, Participant, is hereby given my consent to participate in Plyometric Workouts.
(Athlete's Name)

X _____
Parent/Guardian

Date: _____

For good consideration, the undersigned does hereby waive, release, acquit and forever discharge PlyoCity Youth Development directors, coaches and other club members, participants, volunteer parents, volunteer coaches, and any or all persons assisting with Plyometric Workout activities directly and indirectly associated with PlyoCity Youth Development, and each of them from any and all known and unknown personal injuries and property damages which the player participant may suffer during the course of or as a result of Plyometric Workouts.

I, as a parent of legal guardian of _____, also give my permission for this participant to receive minor medication when the need may arise. The trainer or other adult in charge will give this at the time. In case of emergency or in the case I cannot be reached, I authorize emergency treatment for my child at the nearest recognized medical facility.

X _____
Parent/Guardian

Date: _____

In case of emergency, contact:

_____	_____	_____
Name	Home Phone	Work Phone
_____	_____	_____
Primary Insurance Co.		Group Policy Number
_____	_____	_____
Family Physician		Physician Telephone