



NEW ACCOUNT SETUP FORM

FAX TO 303-410-0100

SCHOOL/CLUB/ORGANIZATION AFFILIATION

Impact Contact: Jamie Heiner 303-467-2288

Contact Email: Jamie@MyImpactSports.com

Participant Information

FIRST NAME	MI	LAST NAME	
HOME ADDRESS			
CITY	STATE		ZIP
EMAIL			
HOME PHONE		CELL PHONE	
DATE OF BIRTH (MM/DD/YY)	GENDER <input type="checkbox"/> M <input type="checkbox"/> F		HEIGHT
PRIMARY SPORTS			

Does participant have any medical conditions or disabilities? (i.e. allergies, medications, concussions, etc) Yes No

If YES, please describe _____

In an Emergency, please notify

NAME		RELATIONSHIP	
EMAIL			
HOME PHONE	CELL PHONE	WORK PHONE	

How did you hear about Impact Sports Performance? (Please be as specific as possible) _____

POLICIES AND AGREEMENTS

- ____ (initial) **PURCHASE OF ITEMS ON ACCOUNT** - I understand that I may purchase beverages and pro shop items on account. All purchases placed on account will be charged monthly to my credit card.
- ____ (initial) **SESSION CANCELLATION POLICY** – Impact Sports Performance requires at least **24 hours advance notice** on all session cancellations. If you cancel a session less than 24 hour in advance a **\$25 charge will be added to your account** and charged to your credit card on file. Please check you calendars carefully before scheduling training programs and training sessions.
- ____ (initial) **RETENTION OF RIGHTS** – I understand and acknowledge that Impact Sports Performance owns and retains all video and photographic rights in connection with the participant's involvement in all programs, camps, and activities conducted by Impact Sports Performance, LLC.

Impact Sports Performance, LLC requires that all participants have a valid credit card on file.

CARD TYPE <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> DISCOVER	
ACCT #	
EXP. DATE	VCODE
NAME ON CARD	
SIGNATURE	

GENERAL RELEASE & LIABILITY WAIVER

I, the participant or legal parent/guardian, hereby agree to, or grants permission for my child to, participate in Impact Sports Performance LLC training sessions. I understand that sports/athletics is inherently vigorous and involves numerous physical demands and may involve contact, and therefore may cause injury. I furthermore certify and understand that I am, or my child is, physically fit and in good physical health and able to participate in training sessions. I understand that all attempts will be made to contact me or my emergency contact; however, in the event that either cannot be reached I hereby authorize the staff and/or trainers of Impact Sports Performance LLC to secure any and all medical treatment for my me or my child. I further authorize any attending physician to render any and all medical care which may be deemed necessary. I do hereby release and forever discharge and agree to indemnify Impact Sports Performance LLC, their directors, coaches, staff and the owners of any fields, facilities, and equipment suppliers used, from liability for any personal injury or illness, damage, or loss incurred while participating in Impact Sports Performance LLC training sessions. I understand that I will be financially responsible for any and all damages to Impact Sports Performance LLC facility and equipment that are determined to be my fault.

I have read, understand, and acknowledge the above GENERAL RELEASE & LIABILITY WAIVER as stated above.

Signature: _____ Print Name: _____ Date: _____

(Check One: Participant (Must be 18 or older) or Parent/Legal Guardian