



NEW ACCOUNT SETUP FORM

FAX TO 303-410-0100

BASEBALL WINTER SERIES 09-10

Impact Contact: _____ 303-467-2288

Contact Email: info@MyImpactSports.com

Participant Information- Must fill in all blanks and initial and sign in appropriate areas. Thank you!

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) _____

<p align="center">POLICIES AND AGREEMENTS</p> <p>____ (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.</p> <p>____ (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.</p> <p>____ (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.</p>	<p align="center">Impact Sports Performance, LLC requires that all participants have a valid credit card on file.</p> <table border="1"> <tr> <td>CARD TYPE</td> <td><input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> DISCOVER</td> </tr> <tr> <td>ACCT #</td> <td></td> </tr> <tr> <td>EXP. DATE</td> <td>VCODE</td> </tr> <tr> <td>NAME ON CARD</td> <td></td> </tr> <tr> <td>SIGNATURE</td> <td></td> </tr> </table>	CARD TYPE	<input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> DISCOVER	ACCT #		EXP. DATE	VCODE	NAME ON CARD		SIGNATURE	
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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

BASEBALL WINTER SERIES REGISTRATION FORM



If you have never participated in training at Impact Sports Performance please provide a NEW ACCOUNT SETUP FORM with your CAMP REGISTRATION FORM. NEW ACCOUNT SETUP FORMS can be downloaded from www.MYIMPACTSPORTS.com.

Impact Contact: _____ 303-467-2288

Contact Email _____@MyImpactSports.com

Client Acct # _____ (Impact will fill in) Date ____/____/____

Client Name _____

(Fill in information below)

✓	CAMP CODE	CAMP NAME
	BFPYTH09	Baseball Fundamental Program - Youth (7-13 yrs)
	BSSPYTH10	Baseball Secondary Skills Program - Youth
	BSPYTH10	Baseball Season Preparation Program - Youth
	BFPHS09	Baseball Fundamental Program - H.S. (14-18 yrs)
	BSSPHS10	Baseball Secondary Skills Program - H.S.
	BSPHS10	Baseball Season Preparation Program - H.S.

Youth

Choose any 1 camp for \$189
 Choose any 2 Camps for \$249 **SAVE \$50**
 Choose all 3 Camps for \$449 **SAVE \$120**

of camps = _____ Total \$ _____

High School

Choose any 1 camp for \$249
 Choose any 2 Camps for \$449 **SAVE \$50**
 Choose all 3 Camps for \$599 **SAVE \$150**

of camps = _____ Total \$ _____

Most camps are limited by size. Payment with your registration must be received to reserve your spot.

Method of Payment

Check Ref # _____ Total Amount \$ _____

Please charge my credit card on account (above)

Please mail form and check to:

Impact Sports Performance
 11575 Main St. #100
 Broomfield, CO 80031

New Credit Card (please fill out CC info below)

Card Type _____ VISA MC DISCOVER

Name on Card _____

CC# _____

Exp Date ____/____ vcode _____

Cash (DO NOT MAIL CASH) Please hand deliver your registration when paying with cash.

Auth Signature _____

CAMP POLICIES AND AGREEMENTS

____ (initial) **CAMP CANCELLATION POLICY** – Impact Sports Performance reserves the right to cancel camps for any reason. If a camp is cancelled by Impact Sports Performance, all payments will be returned in full to participants.

____ (initial) **CAMP REFUND POLICY** – No refunds will be given after the first session of a camp. If you need to cancel prior to the start of a camp, Impact Sports Performance will refund 75% of the price of the camp within 30 days after receiving your written request.

____ (initial) **CAMP MISSED SESSION POLICY** – There will be no makeup sessions scheduled for missed sessions. Please check you calendars before scheduling any camp.

Signature: _____ Print Name: _____ Date: _____

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

FOR INTERNAL USE Completed by _____ Date _____ Processed by _____ Date _____	NOTES FOR PROCESSING
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