



DEEP IMPACT PERFORMANCE TRAINING

Winter Break Pro Soccer Skills Camp- Registration Form and Waiver

Participant's Last Name, Participant's First Name, Birth Date, Age, School, Parent(s)' First name, Email, Mailing Address, City, State, Zip, Home Phone, Work Phone, Ask For, Emergency Contact Name, Phone

Please check ONLY the program(s) you are signing up your athlete for. Make additional copies for additional athletes if necessary.

Table with columns: Activity, Dates, Program Code, Age, Times, T-Shirt Size, Circle, 1 Camp Fee, Camp Fee(s)

For two athletes (same family) or if signing up for both programs, deduct 5% of total price.

TOTAL \$

PAYMENT: Cash, Check or Circle: Visa, Master Card, Discover, Exp. Date, Card Number, 3 Digit Code, Signature, Printed Name on Card

Medical History. You are responsible for fully disclosing your medical history before beginning any DIPT Orientation and Assessment, nutritional planning or training program.

- 1. Do you have a history of heart trouble or any pains in heart or chest?
2. Have you experienced any feeling faint or spells of severe dizziness?
3. Do you have any muscle, joint, bone or back problems that are aggravated by exercise or that would be made worse with exercise?
4. Do you have a history of high blood pressure?
5. Is there any other physical reason that you should not participate in any of our programs?

Zero Tolerance Policy

Deep Impact Performance Training is a zero tolerance organization which promotes good sportsmanship and fun. Abusive behavior, vulgar language or any other unsportsmanlike acts by participants, spectators, coaches or parents will not be tolerated.

Refund Policy

Refunds will be given to anyone canceling from an activity at least one week prior to the beginning of the program. A 10% administrative fee will be charged. A full refund will be given when a program is cancelled by DIPT.

Parents, please read and sign the Medical Consent and Release of Liability below to complete registration.

I, the undersigned parent/guardian of the individual named above, a minor, do hereby agree to allow the individual named herein to participate in the aforementioned activity and authorize the program directors and/or instructors as Agents for the undersigned to consent to Medical, Surgical and or Dental Examination...

Signature, Date

Phone / Fax: 847-847-7364

Prepared by: Date: / /