



THE EDGE Sport Enhancement Training, Inc.

1516 Hinman Avenue, Suite 608 . Evanston, Illinois 60201
Telephone: (847) 602-1939 . www.abetterwaytotrain.com

SUMMER DROP IN TRAINING PROGRAM REGISTRATION FORM

1. Fill in Participants Personal Information (required) Date: _____

Participants Name			
First _____	Last _____		
Age _____	Parents/Guardians Name _____		
Address			
Street Address _____			
Address Line 2 _____			
City _____	State _____	Zip Code _____	
Primary Phone (required)			
_____ - _____ - _____	Please Circle one		
	Home	Cell	Work
Alternate Phone			
_____ - _____ - _____	Please Circle one		
	Home	Cell	Work
Email Address (required)			

Emergency Contact Info #1	
Name	_____
Relationship	_____
Phone	_____
Alt Phone	_____

Emergency Contact Info #2	
Name	_____
Relationship	_____
Phone	_____
Alt Phone	_____

2. Select which Punch Card you would like to purchase (Circle one):

<u>Number of Visits</u>	<u>Cost</u>
5	\$ 85.00
10	\$ 125.00
20	\$ 200.00
Unlimited*	\$ 225.00
*Best value	

3. Payment Options:

A. Mail this form and a check made payable to THE EDGE to:
THE EDGE Sport Enhancement Training c/o Mark Sich 1516 Hinman Ave #608 Evanston, IL 60201
B. Drop off a check at the Strike Zone Facility (287 Northfield Road)
Please DO NO drop off checks prior to June 14
C. We can send a bill via Paypal
Please indicate email address to be invoiced: _____

4. Please Read and sign the following:

RELEASE OF LIABILITY

Please read this form carefully and be aware that in signing up and participating, in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any activities connected with and associated with this program/activity (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my child/ward may have (or accrue to me or my child/ward) as a result of participating in the program/activity against Mark Sich and/or The Edge Sport Enhancement Training, Inc.

I do hereby fully release and forever discharge Mark Sich and/or The Edge Sport Enhancement Training, Inc. from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my child minor/ward and arising out of, connected with, or in any way associated with this program/activity.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.

X

Signature of Parent or guardian

5. After we receive this application and payment, you will be emailed more program details.

Please visit www.abetterwaytotrain.com for more program details or contact Adam Smiley at 224.520.4858 or adamsmiley@abetterwaytotrain.com