



**Yes, I am interested in Sports Performance Advancement, LLC.  
Enclosed is my payment for the training cycle.**

Athlete's Full Name: \_\_\_\_\_ Age \_\_\_\_\_

Sport for which training: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address of athlete or parent: \_\_\_\_\_

Parent's name (if under 18): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Discounts claiming: \_\_\_\_\_

Amount enclosed: \_\_\_\_\_

*Participation in any workout constitutes intent to participate in and pay for entire cycle. Failure to attend any workout for any reason does not entitle registrant to a refund or credit of any kind. Failure to pay for the training cycle in its entirety by the end of said cycle will result in a late payment fee of \$29 and/or any collections or legal fees involved in the collection thereof to the fullest extent allowed by law. Any alternate payment plans must be made in advance with management.*

Signature of party responsible for payment agreeing to condition(s) above:

X: \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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