



REGISTRATION FORM



NAME: (Last, First) _____ BIRTHDATE _____ DATE: _____

MALE / FEMALE (Circle one)

SHIRT: ADULT/ YOUTH

S / M / L/ XL

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: (H) _____ (C) _____

EMAIL: _____

EMPLOYER NAME: _____

LIST ALL MEDICAL CONDITIONS/ INJURIES THAT G.O.A.L. SHOULD BE AWARE OF:

EMERGENCY CONTACT NAME (FOR 18 AND UNDER, MUST BE A PARENT/GUARDIAN)

NAME: _____ RELATIONSHIP: _____

CONTACT PHONE/EMAIL: _____

HOW DID YOU HEAR ABOUT US: _____

FOR YOUTH ATHLETES ONLY

SCHOOL/TEAM: _____ GRADE: _____

SPORT(S): _____

For new clients, there is a \$35 assessment fee for the initial assessment/consultation. Payment is due at your first session (prorated for the month). Future payment is due on the first of the month. A \$25 late fee will be applied to your account if payment is not received by the 10th of the month. In addition, 30 days written notice is required in order to cancel your membership. If no notice is given, your contract will automatically renew on a month to month basis.

If you have committed to a 6-month contract term outside of month-month or 1 year training program and have to cancel prior to your last month, a \$300 cancellation fee will be charged and/or you will be back charged the appropriate rate for the months you attended.

I understand that a 24 hour notice is required to reschedule or cancel scheduled sessions. I understand that I will still be charged for the session if 24 hour notice is not given. (This does not apply to the unlimited monthly sessions).

TEAM/GROUP TRAINING: Being part of a group, you are receiving a significant group discount. Therefore, when it comes to missing sessions, there will be no makeups or credits given if you cannot attend but the rest of your group does attend. In the event that your entire group cannot make it, a makeup will be scheduled with the appropriate 24 hour notice.

If myself or my child needs medical treatment, it is my wish that the treatment is started while efforts are being made to contact the emergency contact on file. So that treatment is not delayed, I consent to any medical procedures that the owners, trainers and/or staff of G.O.A.L. High Performance Sport Specific Training and/or the medical personnel believes are necessary. I accept responsibility for all costs related to such treatment.

I am interested/registering for the following programs: _____

Time Commitment (circle one): Month-to-Month 6 Months 12 Months Other: _____

PRINT NAME: _____

SIGNATURE: _____ DATE: _____