TEAM TRAINING INFORMATION

(Please fill out and turn in before first session)

Address: City: State: Zip:	_ast Name:	First Name:	M.I:	
School: E-mail Address: Grade: School: Grade:	Birthday://	Gender: M or F Height: _	Weight:	
School:	Address:	City:	State: Zip:	
Have you ever trained with us? When? EMERGENCY CONTACT: Stathers Full Name: Address (if different): Address (if different): Address (if different): MEDICAL INFORMATION / RISKS: RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT") In consideration of my use of the facilities and/or service provided at Total Sports Comptes and Total Performance Tening Center at 1990 Winom Road, Winom Michigan, 48373, and Total Performance Provide at 1504 Sports Comptes and Total Performance Tening Center at 1990 Winom Road, Winom Michigan, 48373, and Total Performance Provide at 1504 Sports Comptes and Total Performance Tening Center at 1990 Winom Road, Winom Michigan, 48373, and Total Performance Provided at Total Sports Comptes and Total Performance Tening Center at 1990 Winom Road, Winom Michigan, 48373, and Total Performance Road, Rochester Hills, MIR 4807, I represent that Inndependent of the nature of fils. Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the Activity. I fully understand that this Activity involve risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own are unsafe. I will immediately discontinue participation in the Activity. I fully understand that this Activity involve risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own are a result of my puricipation in the Activity. I fully understand that this Activity involve risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own as a result of my puricipation in the Activity. I hereby release, discharge and covenum not to use 10TAL PERFORMANCE TRAINING CENTIER, L.L.C., 10TAL SPORTS COMPLEX. TOTAL SOCKEY, L.L.C., L.L.C., TOTAL BASEBBALL, L.L.C., 10TAL SPORTS COMPLEX. T	Home Phone: ()	E-mail Address:		
EMERGENCY CONTACT:	School:	Grade: _		
Address (if different): AGDress (if different	Have you ever trained with us? When	n?A		
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