



VSP WINTER BREAK CAMP SERIES December 26-28

CFA CAMP for Football Players



**Dominate your competition with lightning speed, explosive power
By utilizing Velocity training in your off season**



Exclusive CFA

**SIGN UP NOW,
SPACE IS LIMITED!!**

price of \$60.00* until November 30th!

636.537.0077

DETACH AND RETURN REGISTRATION FORM BELOW WITH PAYMENT TO: 17363 Edison Avenue, Chesterfield, MO 63005 OR via email dlester@velocitysp.com

Athlete Name: _____ DOB _____ / _____ / _____		DECEMBER 26-28		Please place a #1 / #2/ #3 in the box indicating your 1st, 2nd, 3rd choice of time.		
Parent(s) Name: _____		CFA FOOTBALL CAMP	By Nov 30th	(\$60)	11AM	12:30
Grade: _____ School: _____					3pm	4:30
Address: _____					6pm	7:30
City: _____ State: _____ Zip: _____						
EMAIL--for confirmation: _____		\$4.47 TAX/per Athlete				
Phone: _____		\$		TOTAL		
Sports Played: _____		NAME OF CARDHOLDER _____		SIGNATURE _____		
<p>For and in consideration of my son/daughter, _____ (my child), being accepted into the Winter Break Camp Series (The Camp), as legal guardian of my child, I state and promise as follows. My child is mentally and physically capable of participation in the Camp. I understand that any evaluation or assessment of my child's physical fitness and any recommendation of activities made by anyone at the camp shall not be a substitute for obtaining such evaluation, assessment or recommendation from my child's physician before participating in any of the Camp activities. My child's participation is voluntary and I voluntarily permit my child to participate. I understand that participation in the Camp is an inherently dangerous activity and that the risks of participation include, but are not limited to falls, collisions, cuts and broken bones. I hereby, for myself, my child, our heirs, administrators, executors, personal representatives and assigns, forever waive, release and discharge any and all rights and claims for damages and losses, whether monetary or otherwise compensatory, that I or my child may have against: (i) Velocity Sports Performance Franchise Systems and its directors; (ii) executive directors, owners, managers, officers, employees, members, representatives, and agents; (iii) all coaches, participants, organizers, supervisors, planners and volunteers for any and all injuries sustained by me or my child arising out of association with, entry in, or participation in the Camp and any Camp activities. I understand and agree that medical or other services rendered to my child by or at the insistence of any of the above parties is not an admission of liability to provide or continue to provide any such service and is not a waiver by any said parties of any hereunder. I also acknowledge that should my child require transport to a medical facility, I must pay for such transportation and any treatment period. I further agree now and forever to hold the above named and unnamed parties harmless and indemnify them for all claims, damages, judgements and costs of whatever nature and form. Velocity Sports Performance recommends that your child be examined by his/her physician before participating in the Camp. If my child has a history of heart disease, he/she will consult a physician prior to participating in the Camp.</p>						
SIGNATURE OF PARENT/GUARDIAN _____		PAYMENT (circle one) Payable: Velocity Sports Performance		CHECK # _____		
DATE _____		CC _____		EXP: _____		
		MC _____		DISC _____		
		VISA _____		cc# _____		
<p>No refunds on programs within ten days of starting date. Between forty-five and ten days of starting date, a \$50 service fee will be charged on all cancelled programs. All groups are filled on a first-come, first-served basis. Velocity has the right to cancel any session based on group size. All groups are coached by Certified Strength and Conditioning Specialists in a camp program of no more than 20 athletes in a group.</p>						