



Momentum Registration Agreement
 715-955-4319
 www.momentumsport.com

PLEASE FILL THIS FORM OUT COMPLETELY!

Today's date _____ Client's Age _____ Date of Birth _____ Grade _____

Who referred you to us? Friend/member: _____ Internet _____
 TV _____ Newspaper _____ Radio _____ Mail _____ MO staff member _____

I, (print Client's name) _____, have voluntarily chosen to participate in a physical conditioning program under the direction of *Momentum Sport Fitness (MOMENTUM)* which will include, but may not be limited to, strength training, agility drills, speed drills, balance and stabilization exercises, anaerobic and aerobic exercise. In consideration of *Momentum's* agreement to instruct, assist, and coach me, I do hereby release and hold harmless *MOMENTUM* and their respective agents, heirs, assigns, and employees, and the Baseball Academy from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in this training program including any injuries incurred.

I also recognize that exercise might be strenuous and that there are some dangers inherent for some individuals. I acknowledge that the possibility of injury or unusual physiological changes during and post- exercise do exist such as changes in blood pressure, heart rate, fainting, heart attack, and in rare instances, disability or death.

I further recognize that an examination and permission by a physician should be obtained before participating in a physical conditioning program (Minors see below). If I have chosen to forego a physician's permission prior to beginning this program with *MOMENTUM*, I hereby agree that I am doing so at my own risk. I further submit that I am physically able to enter into this program.

For minors: As a **Minor** client under age 18, I do hereby submit I have had a physical examination within the last two years for the purpose of engaging in physical activity and/or athletics.

Print **Name of Physician** _____ **Phone** _____

List any **health/medical precautions, restrictions, medications, or allergies** that could influence the design or intensity of the program and should be available to Momentum Training Coaches:

I also acknowledge I am covered by adequate health insurance.

Company: _____ **Policy #** _____

I further acknowledge and agree that no warranties or guarantees have been made to me regarding the results I receive from this program. I understand the results are influenced by many variables and varies with individuals.

I also submit I understand and agree to the POLICIES described on the back of this page.

Client's signature X _____ **Date** _____

Note: You may appear in training photos that may be used for future technique models or promotional materials. Please indicate your permission. _____OK _____NO

Home Phone# _____ **Cell#** _____ **Work#** _____

Email (print clearly) _____

Address _____ **City** _____ **Zip** _____

Occupation/place of work _____ **School** _____

Print parents' names (if minor) _____

Parent's signature (if client is a minor) **X** _____

Mom cell or work phone # _____ **Dad cell or work #** _____

EMERGENCY contact person _____ **PHONE** _____

Client name _____

THIS SIDE TO BE READ BY CLIENT AND COMPLETED BY STAFF

TRAINING EXPECTATIONS FOR ALL USERS:

1. Observe appropriate safety, technique, equipment, and program instructions.
2. Use language and attitudes that are a positive influence on others and the training atmosphere.
3. Perform exercises and drills and use equipment only after receiving staff instruction.
4. Observe clean-up/pick-up of training stations after use for the respect of other members.
5. Use and maintain all equipment, facilities, and locker rooms in a respectful, safe manner.
6. Dress safely and appropriately for exercise.

ANY INDIVIDUAL training or behaving in a way that could be dangerous or offensive, detrimental to the training atmosphere, or damaging to equipment and facilities may be suspended or cancelled without reimbursement.

MO-U AND TRAINING PACKAGE POLICIES:

1. Each session will begin at a mutually agreed-upon time, subject to these policies:
2. Client will pay in advance, the amount appropriate to the package (see table below). Client acknowledges and agrees that no credit or refunds shall be due for sessions cancelled by Client, except as provided in **CANCELLATION Policies**.
3. Client will deliver the completed and signed Registration Agreement and provide any appropriate precautions/restrictions that could influence the design or intensity of the conditioning program.
4. Client and Coach may agree to conduct additional sessions at such times as they may agree upon, and in such event the provisions of this agreement shall apply.

CANCELLATION POLICY:

- **If Client/Group cancels** a session at least 24 hours in advance of a scheduled session, Client will be credited for that session and it will be rescheduled at a mutually convenient time. **Cancellations made less than 24 hours** before a scheduled session will result in forfeiture of that session without refund, reschedule, or credit. **Call 955-4319** or your coach to cancel.
- **Cancellations by Training Coaches** 24 hours or more before a scheduled session will result in make-up/rescheduling of that session. Cancellations by Coach less than 24 hours before a scheduled session will result in a make-up session *plus one free session* for the client.
- **TEAM/GROUP members** are responsible for attending sessions together. **Clients who miss a group session will not be credited for or given a make-up session.**

MOMENTUM agrees to the terms of this agreement and pledges our best effort to the satisfaction of the client.

Indicate member's option/s (bank deposit slip required for membership EFT, deducted the 1st of each month):

COMPLETED AGREEMENT AND PAYMENT IN FULL REQUIRED BEFORE BEGINNING ANY PROGRAMS.

Include any discounts or coupons in AMOUNT DUE.

OPTION	MOMENTUM UNIVERSITY	VARSITY MEMBERSHIP	CARDIO MEMBERSHIP	NON-MEMBER 20-PACK	TOTAL BASEBALL
Begin date					
Amount due					
Down payment?					
EFT: \$/month					
CC: \$ amount					
Check # and \$					
Cash \$ amount					

MEMBERSHIP DOWN PAYMENT? For the remainder of the month you begin, \$1/day - check, CC, or cash. Your first *full* month will be month #1 of your 12-month membership.

MEDICAL FREEZE: A membership may be frozen for up to 3 months in event of surgery, injury, or severe illness. A charge of \$20/month (\$10/month Cardio) will be issued to keep the membership alive. Facility us is prohibited during the freeze.

MOMENTUM SPORT FITNESS LLC

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