



XLR8 P.E.

START DATE - AUGUST 17

1PM

Athlete: _____
 Athlete Cell: _____
 Parent/Guardian: _____
 Parent/Guardian Cell: _____
 Address: _____
 School: _____
 Email: _____
 Age/Grade: _____ Sport: _____

Training System for Student Athletes:

Speed, Quickness, Agility,
 Automated Footwork/ Indefinite Locomotion,
 Basic Movement Principles, Coordination,
 Balance, Body Control,
 MO-STAB-ILITY (Mobility, Stability, Flexibility),
 Core Strength Development

XLR8 uses the approach of incorporating biomechanical and functional truths of how the body moves to better prepare your athlete for the demands of the human body's movement systems. Our program will ensure your athlete the best opportunity to reach his or her genetic potential and fully excel, while minimizing the risks of injury. We incorporate methodologies to encourage a solid & confident mindset with goal setting, increased focus, self-talk, and visualization. XLR8 utilizes pro-style training to enhance the athlete's speed, strength, conditioning, grit, stamina, endurance, and overall work ethic, while promoting confidence, encouragement, and great attitudes.

10 WEEK ATHLETE TRAINING PROGRAM

2 SESSIONS/WK MON. TUES. WED. THURS. AUTODRAFT
 \$350 - EARLY SIGN UP \$450 - PAID IN FULL SPLIT PAYMENT: \$225 DOWN, \$225 2ND PAYMENT

CREDIT CARD NUMBER: _____ EXP: _____ CVV: _____

OR CHECK NUMBER: _____ DATE: _____

****SPOTS ARE LIMITED AND ARE FIRST COME FIRST SERVE****

WAIVER OF LIABILITY

In consideration of Xcelerate Athletix providing its services, equipment, or facilities, and by using or participating in, or by allowing my child to use or participate in, the services, equipment, and/or facilities provided by Xcelerate Athletix, or any owner, employee, agent, or representative of Xcelerate Athletix, I agree that they/it shall be used/undertaken voluntarily at my or my child's own risk. I am aware that the training or participation at Xcelerate Athletix, in any activity, or sports related activity, or personal training services and the use of its services, equipment, and facilities, can be hazardous and involves risk of injury, loss, or death. I maintain full knowledge and understanding of the dangers involved, and I expressly assume and accept any and all risks of loss, damage of any nature, injury, or death to me or my child resulting from participation in or use of the services, equipment, or facilities provided by Xcelerate Athletix, or any owner, employee, agent, or representative. I agree that Xcelerate Athletix, or any owner, employee, agent, or representative shall not be held liable for any claims, demands, injuries, damages, actions, or causes of actions which arise wholly or partially due to the negligence of Xcelerate Athletix, or any owner, employee, agent or representative, or arising out of or connected with the use of any of the services and/or facilities of such company. I hereby expressly forever release, hold harmless, and discharge Xcelerate Athletix from all such claims, demands, injuries, actions, and causes of action. I further release Xcelerate Athletix from the loss or theft of personal property.

UNDER CARE OF A PHYSICIAN?: YES NO IF YES, NAME & PHONE _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

** In the case of injury or severe illness, XLR8 will honor training sessions purchased. **There are no refunds on training packages.****