

Velocity Sports PerformanceSM



President's Day Holiday Speed Clinic Registration Form

Please return back to Velocity Sports Performance – Redondo Beach

I give my child _____ permission to participate in the Velocity Sports Performance Speed Clinic on February 16th. I understand that there is possibility for injury while participating in the clinic and agree to let the employees of Velocity Sports Performance act in their best judgment in case of sickness or injury. I hereby grant Velocity Sports Performance permission to use any photographs or videos of my child for promotional purposes. My signature below indicates that (1) I will not hold Velocity Sports Performance responsible if injury or sickness does occur, (2) my son/daughter is mentally & physically capable of participating in this camp, (3) his/her participation is voluntary and (4) I voluntarily permit his/her participation.

Player's Name: _____ School: _____

Age: _____ Grade: _____ DOB: _____

Club(s): _____ Sports Played: _____

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Emergency Phone: _____

Alternate Contact: _____ Alt. Contact Phone: _____

Email Address: _____

How did you hear about this Camp? _____

Parent's Signature: _____

Date: _____

Camp Cost: \$39

Please understand this camp is non-refundable. Thank you for your cooperation.

Total Amount: _____

(Make **Checks** payable to Velocity Sports Performance OR provide the following **Credit Card** information)

Payment Type: _____ Credit Card # (Visa or MC Only): _____

Expiration Date: _____ CCV Code (on back of card): _____

Signature: _____



Fax OR Mail to:
Velocity Sports Performance – South Bay
2607 Manhattan Beach Blvd.
Redondo Beach, CA 90278
(310) 297-9001; Fax: (310) 297-9025
Website: <http://www.velocitysp.com/southbay>

