

XL Training

Surpass Your Fitness and Performance Barriers

www.xltraining.net

Winter 2017, December 12 – March 3 (12 weeks)

Program	Days	Cost	Time Slots	1 st choice slot	2 nd choice slot
High School 3 Day	M, W, F	\$1595	4:00pm, 5:15pm		
High School 2 Day	Tu, Th	\$1095	4:00pm, 5:15pm		

Athlete's Name				Birth Year	
Parent's Name				Sport (s)	
Address					
City		State		Zip Code	
Primary Phone		Phone 2 (optional)		Email	

Payment Method: Check made out to XL Training.

Waiver: I acknowledge that physical exercise carries inherent risks and in consideration of my participating in the services offered by XL Training, I hereby: (A) Waive, release, indemnify, and hold harmless XL Training, its employees and officers for my death, disability personal injury, property damage, property theft, and (B) consent to receive medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during this event.

Athlete's Signature (parent or guardian for under the ages of 18): _____

Signed Waiver may be emailed to brian.robinson@xltraining.net or mail with payment to:

Brian Robinson
41 Soundview Ave.
Rye, NY 10580