

CLIENT INTAKE FORM

Athlete's Name: _____

Date of Birth: _____ Athlete's Mobile Phone: _____

Athlete's Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact: _____

Relationship: _____ Primary Phone: _____ Email Address: _____

Who can we thank for sending you to us? _____

I grant permission for C4 to use photographs and/or videos of my child for marketing purposes.

YES NO Initials: _____

C4 Performance Training, LLC may automatically charge my account as needed for unpaid visits.

YES, C4 may charge me automatically NO, C4 may not charge me automatically Initials: _____

Credit Card Information (Visa and Master Card only)

Card # _____ Expiration _____

Print Name _____ CSC# _____ Zip: _____

MEMBERSHIP AGREEMENT

Policies and Rules

1. A session consists of speed, strength/power, quickness, stretching / flexibility, and agility training.
2. Each session will last between 45 minutes for to 55 minutes depending on type of session.
3. All sessions have an expiration date from the time of purchase (e.g. a 3- month membership will expire after 3 months)

Athletes are to meet in C4 welcome desk 10-15 minutes prior to their scheduled training sessions. Athletes must check in with administrator, and make sure they are signed in for the day. Athletes will only be allowed access to C4 during designated training days and times and must be accompanied by a C4 coach always.

Cancellation Policy

If you wish to cancel a class, please let coaches know at least 24 hours in advance. This will free up space for another client to attend if you cannot make it.

Assumption of Risk

_____ assumes any responsibility of and/all/personal injury/damage that may be attributed to a program of physical exercises. I accept responsibility for requesting exercise assistant at C4. To my knowledge, I do not have any limiting physical condition or disability, which would interfere with an exercises program. I have been informed of the need for a physician's approval prior to participating in any exercise program. I am aware of the effect that taking any drugs or medications, including, but not limited to, alcohol, diet pills, cold medicine, tranquilizers, antidepressants, caffeine, beta blockers, diuretics, and anti-hypertensives, may have on exercises, especially heart rate, and I have discussed this with my doctor. I agree to hold C4 employees, owners, and officers harmless from any and all injuries that may occur.

I agree to pay \$_____ for the services of C4 upon signing this agreement which entitles me to months of training at C4.

I understand that I may cancel this contract without penalty or obligation within three (3) business days from the date of signing by giving written notice by mail or in person at C4 in which case I will be entitled to a full refund of any unused sessions.

Athlete Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Coach Signature: _____ Date: _____