



Personal training and instruction workout information:

Participants MUST sign up for a minimal package of 3 sessions

Sessions are 1 ½ hours time length and must be paid in advance.

INSTRUCTION / WORK OUT FEES

- **1 player \$70 Per Session**
- **2 players \$60 per player per sessions**
- **3 players \$45 per player per sessions**
- **4 players \$35 per player per sessions**

Date of session desired: _____ Time of session desired: _____

Participant Name _____ Parent(s) name _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

SELECT GENDER: BOYS OR GIRLS

GRADE LEVEL: _____

NUMBER OF PARTICIPANTS TO ATTEND WORKOUT: _____



Make Checks Payable to: **Smith Sports LLC**

Mail to: **Smith Sports LLC**

5915 N. 37th St.

Milwaukee, Wisconsin 53209

Cell: 414-750-9890

Email: jsmith37@onebox.com

- **Must call 24 hrs before workout to cancel or you will be charged full price.**
- **Payment is due in advance.**

PLEASE ATTACH A SHEET OF ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF: I hereby authorize the staff of Smith Sports LLC to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release Smith Sports LLC from any and all liability for any injury or illness incurred while at individual workout programming.

I have no knowledge of any physical impairment that would be affected by the above player's participation in individual workout programming.

I further understand the Camp retains the right to use for publicity and advertising purposes any camp photographs. "As a participant or guardian of a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and agree to assume the full risk of any injuries, including death, damages or loss which I or the above participant may sustain as a result of participating in any and all activities connected with or associated with such programming."

"I agree to waive and relinquish all claims, I or the above participant may have as a result of participating in the program against Smith Sports LLC and its officers, agents, servants and employees from any and all claims from the injuries including death, damage or loss which I or the above participants may have or which may accrue to me (us) on account of participating in the program."

Payment in full must be made prior to or on the first day of any and all of Smith Sports individual workout programs.

All programming have a non-refundable \$100 deposit. No refunds will be given once the program begins.

I have read and fully understand and accept the Smith Sports LLC waiver and release all claims."

Parent or Guardian _____

Date _____