

Athletes Edge Summer Programs 2009 REGISTRATION



Name: _____ Athletes Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Amount Paid: *(a 50% deposit is due with registration remainder is due on the start date)*

Payment Method: Check# _____ Cash Credit Card

Name on Credit Card: _____

Credit Card Number: _____

Expiration Date: _____ 3 Digit Security Code on back of Card: _____

Billing Address of Card: _____

Cardholder Signature: _____

Program Selection: *(Check One)*

Acceleration Hockey Acceleration Football Acceleration

Weeks Selection: *(Check Boxes)*

June 29th - July 3rd

July 6th - July 10th

July 13th - July 17th

July 20th - July 24th

July 27th - July 31st

August 3rd - August 7th

August 10th - August 14th

August 17th - August 21st

August 24th - August 28th

2 Day: Choose 1 Treadmill and 1 Plyometric

3 Day: Choose 2 Treadmill and 1 Plyometric

Treadmill: *(Circle Time)*

Monday: 9am 10:30am 12pm 3pm 4:30pm 6pm

Tuesday: 9am 10:30am 12pm 3pm 4:30pm 6pm

Wednesday: 9am 10:30am 12pm 3pm 4:30pm 6pm

Thursday: 9am 10:30am 12pm 3pm 4:30pm 6pm

Friday: 9am 10:30am 12pm 3pm 4:30pm 6pm

Plyometrics: *(Circle Time)*

Tuesday: 9:30am 11am 12:30pm 3:30pm 5pm

Wednesday:: 9:30am 11am 12:30pm 3:30pm 5pm

Thursday:: 9:30am 11am 12:30pm 3:30pm 5pm