



# XPLOSION SPORT'S

## Late Fall Sessions



### REGISTRATION FORM

Athlete's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Complete Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Primary Sport: \_\_\_\_\_ Secondary Sport: \_\_\_\_\_

Shirt size: Youth Sizes: S\_\_\_ M\_\_\_ L\_\_\_ XL\_\_\_

Adult Sizes: S\_\_\_ M\_\_\_ L\_\_\_ XL\_\_\_

#### Office Use Only

Date Received: \_\_\_\_\_

Payment: \_\_\_\_\_

Check #: \_\_\_\_\_

### SELECT SESSION

#### Session I

October 5 through November 11  
(6 weeks)

Monday & Wednesday 7pm-8pm  
(12 sessions)  
Ages 12-14  
COST: \$180  
Co-ed (Male/Female)

#### Session II

October 6 through November 12  
(6 weeks)

Tuesday & Thursday 7pm-8pm  
(12 sessions)  
Ages 15-17  
COST: \$180  
Co-ed (Male/Female)

### CONSENT FORM

I agree that if I participate in this event or allow my minor child(ren) to do so, I do so at my own risk. I agree that I and my child(ren) are voluntarily participating in the event and assume all risk of injury, illness, damage or loss to me, my child(ren), or my property that might result, including, without limitation, any loss or theft of any personal property. I agree on behalf of myself and my minor child(ren) ( and our personal representatives, heirs, executors, administrator, agents and assigns) to release and discharge The Neiman Sports Group (and its affiliates, employees, agents, representatives, successors and assigns) from any and all claims or causes of action (known or unknown) arising out of their negligence. This Waiver and Release of liability includes, without limitation, injuries which may occur as a result of (a) participation in the event; (b) Progressive Training System's improper or negligent maintenance, conduct, instruction or supervision of the event, premises or personnel; or (c) slipping and falling while participating in the event or surrounding premises.

I acknowledge that I have carefully read this Release and fully understand that it is a release of liability. By my signature below, I am waiving my right that I may have to bring legal action to assert a claim again The Neiman Sports Group for their negligence.

Child's Name(s): \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE FILL OUT ENTIRE FORM AND RETURN WITH CHECK TO:**

XPLOSION SPORTS • PO Box 444 • Center Valley Pa • 18034

**PLEASE MAKE ALL CHECK PAYABLE TO: THE NEIMAN SPORTS GROUP**