Acceleration Minnesota Athlete Registration

Date_____Trainer_____Facility _____

Name (Last)_____(First)_____Male/Female

Age_____Height_____Weight_____Date of Birth_____

Address_____
Street City State Zip

E-Mail Address_____

Parent/Guardian_____Phone (Home)_____ (Work)_____

Emergency Contact_____Emergency Phone_____

School_____

Sport #1_____league/association_____coach_____

Sport #2_____league/association_____coach_____

Sport #3_____league/association_____coach_____

Please list any health conditions or injuries that may limit your participation in this program:

_____

How did you hear about us?_____

All athletes/parents/guardians must be informed of the waiver form.

++++++++++++++++++++++++++Office Use Only++++++++++++++++++++++++++++

Date	Program	Amount	Payment Type	Balance Due