



SST MISSISSAUGA 6 Fax (905) 238-7097



Registration Form

Athlete Information (please print)	Last Name	First Name	Age
	Street Address	City	Postal Code
	Home Phone	Work/Cell Phone	Date of Birth (d/m/y)
	High School/University Sport Teams	Position	
	Please list all medical conditions and injuries SST should be aware of:		
	Email Address		
Emergency Contact	Last Name	First Name	Relation
	Home Phone	Work/Cell Phone	
	Last Name	First Name	Relation
	Home Phone	Work/Cell Phone	

Cost of Program:

The cost of your registration is the sum of the features indicated below plus all of the applicable taxes. You agree that the total cost of your registration is fully earned by Sports Specific Training Inc. at the time of signing the agreement and that no part is refundable.

Here is Your Cost for the Specified Program			
FAST	Includes 32 FAST sessions (at SST Mississauga) Sessions are available during SST Mississauga business hours. To be completed within four months. HST	\$597 x _____ Plus 13%	\$ _____ \$ _____
TOTAL			\$ _____

Consent (This section must be completed by a parent for all athletes under the age of 18)

I, _____ (print name), give my consent for me/my child, _____ (print name), to participate in a fitness program conducted by Sports Specific Training.

Risks:

I recognize that exercise carries some risk to the musculoskeletal system (sprains, strains) and the cardio-respiratory system (dizziness, discomfort in breathing, heart attack). I hereby certify that I know of no medical problem, which would increase I/my child's risk of illness and injury as a result of participation in a regular exercise program.

By signing this consent form, I understand the risks and benefits I/my child may experience with exercise. I also waive the responsibility of Sports Specific Training if I/my child should incur any injury as a result of participating in a fitness session.

Signature/Parent's Signature: _____ Date: _____

SST Policies (This section must be completed by a parent for all athletes under the age of 18)

All sales are final – Sports Specific Training does not offer refunds, credits, or make-ups for any missed sessions. Registration is not complete and a player's spot is not reserved in any clinic until a completed form and payment in full are received.

_____ (initials)

Your Acceptance:

- You have carefully read and understood this Agreement.
- By signing below, the terms and conditions are accepted, and agreed to on this date.
- If paying by Visa or MasterCard, you allow the full cost of the program to be charged to the following card:

Card: _____ Expiry Date: _____

Buyer Date