

# Registration Form

**Athlete's Name:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_  
**School:** \_\_\_\_\_  
**Parent Name(s):** \_\_\_\_\_  
**Telephone Number:** \_\_\_\_\_  
**(In case of emergency)** \_\_\_\_\_  
**Parent e-mail Address:** \_\_\_\_\_

## Waiver

In signing this waiver, I release Team 180, Retro Fit Performance Center and other involved parties from any claims or responsibilities for injuries suffered in any Team 180 program, which includes all practice situations, competition and other supervised activities related to the program. I knowingly assume all risks associated with participation, even if arising from the negligence of the participants or others, and assume FULL responsibility for my daughter's participation. I certify that my daughter is in good physical condition and can participate in this program. Further, I authorize the site director / Team 180 to act for me according to their best judgment in an emergency requiring medical attention and to request medical treatment as necessary to insure my child's well being.

**Parent Signature /Date:** \_\_\_\_\_

If unable to participate in every class, please circle the dates you will be attending. The Cost per session is \$25 or \$ 390 M.S /\$375. H.S. for the complete course.

20 workout punch card =\$320 (\$16.00/wkout)

## Middle School Session- Mon/Wed.

Session I- Nov.	9	11	16	18	23	25	30	
Session II – Dec.	2	7	9	14	16	21	23	
Session III (Jan)	4	6	11	13	18	20	25	27
(Feb)	1	3	8	10				

## High School Sessions- Tues/Thursday

Session I – (Nov).	3	5	10	12	17	19	24	
Session II- (Dec.)	1	3	8	10	15	17	22	
Session III –								
(Jan)	5	7	12	14	19	22	26	28
(Feb)	2	4	9	11				

**Please complete this waiver, make your check payable to :**  
**RetroFIT Training Center and mail to**  
**RetroFit Training Center 2538 S. Colorado blvd. Denver, Co. 80222**