

APEC APPLICATION & WAIVER

Date: _____

Name: _____ Date of Birth ____/____/____ Age: _____ Gender: M / F

Home Address: _____ City, State, Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

School: _____ Grade: _____

Emergency contact: _____ Phone: _____

Shirt size: XS S M L XL XXL XXXL

How did you hear about APEC? Radio Website Instagram Facebook Twitter other: _____

Are you on Facebook? Y / N Instagram @ _____ Twitter @ _____

Class Preference (see schedule for options): _____

Position (Football only): _____ Position (Baseball only): _____

Payment Options:

Payment arrangements on all packages are required in advance to secure your position. Payment methods include:

- **Option #1:** Pay in full at time of enrollment by cash, check or credit/debit card. (Eligible for 5% discount)
- **Option #2:** Three installments, one third down at time of registration, two remaining installments set up through auto draft by debit/credit card only. You are responsible for the entire cost of the program after enrollment. You are securing a position in a limited slot program.

Please read and sign below:

Registration is accepted on a first come first filled basis, space is limited. Payment is due with registration. Payment is final, no refunds.

I understand and agree that no refund will be given for missed classes, that make-up times are provided on Fridays and must be used within the allotted time frame as stipulated in APEC policies, and that there are/will be no refunds on training packages. In the case of injury or illness, APEC will honor the training sessions purchased by the athlete, and credit future training if cancellation is required as a result. APEC maintains the right to cancel a class if a minimum enrollment is not met.

Waiver statement (must be signed by parent/legal guardian if under 18)

RELEASE OF LIABILITY State of Texas Counties of Smith I, _____, am the parent/legal guardian of _____, who will be allowed to participate in the Accelerate Performance Enhancement Center (APEC). I (we) understand and agree that APEC athletics and their respective agents, employees, officers, and directors shall not be held liable by me in any way with participation at APEC. I (we) knowingly release and waive any and all claims of any nature whatsoever against APEC as a result of any injury or illness arising out of or related to participation at APEC.

Waiver statement (must be signed by athlete if over 18)

RELEASE OF LIABILITY State of Texas Counties of Smith I, _____, who will participate in the Accelerate Performance Enhancement Center (APEC). I understand and agree that APEC athletics and their respective agents, employees, officers, and directors shall not be held liable by me in any way with participation at APEC. I knowingly release and waive any and all claims of any nature whatsoever against APEC as a result of any injury or illness arising out of or related to participation at APEC.

I grant to APEC, its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize APEC, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that APEC may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

I have fully read and accept APEC's policies regarding registration, refunds, participation and fees.

Signature _____

Card Info:

Visa, MC, Discover

_____ Exp: _____