



Triathlon/Marathon Off-Season Strength & Conditioning Program Registration/Release Form

This Section must be completed by parent/guardian if athlete is under 18:

I hereby authorize The Sports Performance Combine (SPC) to act accordingly in their best judgment in any emergency requiring medical attention and I hereby waive and release Rehab United Sports Performance Center (SPC) or its affiliated partners from any and all liability for any injuries and/or illness suffered while at the *Off-Season Strength & Conditioning Program* provided by SPC.

_____ Initial here to confirm that you have read and understand the above release instructions.

_____ X _____ Date: _____
(Print Name) (Signature)

_____ X _____ Date: _____
(Print Parent Name – if under 18) (Parent Signature)

Last Name _____ First _____ DOB: _____

Address _____

City _____ State _____ Zip _____ Phone _____

E-mail _____ Reprint E-mail _____

Please Select Sessions/Blocks you will Attend
Block Two: 12/1, 2008 – 1/15, 2009
Block Three: 1/19 – 4/2, 2009

- 1. _____ Blocks 2-3 (12 weeks): \$220/Block (\$18.30/session) **\$440 Total Paid up Front**
- 2. _____ Pay per Block (6 Weeks): \$240/Block (\$20/session)
- 3. _____ 1x per Week (18 Weeks): \$425 (\$23.50/session)
- _____ 1x per Week (6 Weeks): \$150 (\$25/session)
- 4. _____ 10 Session Punch Card: \$270 (\$27/Session)
- 5. _____ Pay per Session: \$30

DISCOUNTS*

_____ **TCSD, Military, Students: 10%**

_____ **Team E.X.C.E.L. Members: 15%**

*With valid ID
*N/A Pay per session

Payment: Check, Credit Card, or Pay Pal (no refunds)

PayPal – Send payment to: jrobinson@rehabunited.com (Please list participant's name in "Message" box)

Total Due \$ _____ Name as it appears on card: _____ Type: Visa, MC, Discover

Card Number: _____ Exp. Date _____ Security # (on back of card) _____

Billing Address (if different from above): _____

Make check payable to: "Rehab United" – Bring payment and registration form to registration day.
For late registration - mail payment and registration form to (or Fax Credit Card Registrations):
Rehab United, 3959 Ruffin Rd. Ste F., San Diego, CA 92123, P: 858-279-5570 F: 858-279-5303
www.rehabunited.com