Acceleration Northwest Athlete Registration - *Read and Sign Back*

Date_____ **Trainer** _____ **Acceleration Location** _Plymouth_____

Name (last)_____ **(first)** _____ **male / female**

Age _____ **Height** _____ **Weight** _____ **Date of Birth** _____

Address _____
street city state zip code

Email _____

Parent/Guardian _____ **Phone (h) ( )** _____ **(w) ( )**_____

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 Acceleration Northwest athletes/parents/guardians must be informed of the Acceleration release form. Please read, fill in necessary information and sign on reverse side.

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

Program _____ **Date**_____ **Payment**_____ **Amount**_____ **Due**_____

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