



## Training Enrollment Form

Camp/Lesson Location \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Cell/Office # \_\_\_\_\_

Sports: \_\_\_\_\_

Age: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Paid By:

Check/Money order: \_\_\_\_\_

Cash: \_\_\_\_\_

Credit Card (MC/Visa/Amex/Disc): \_\_\_\_\_

Account # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Charge Amount: \$ \_\_\_\_\_

### Consent and waiver

If I cannot be reached or communicated with in case of emergency, I authorize all medical procedures performed or prescribed by a physician for myself or my child. I hereby waive and release Speed Quest Instruction, Inc., its employees, agents, and representatives from any and all liability for any loss or injury sustained or incurred while myself or my child participates in any form of private or group speed/or strength program, or while traveling to or from this program.

\_\_\_\_\_  
Signature (Parent or Guardian if under 18)

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Insurance carrier

\_\_\_\_\_  
Policy Number

Please return this form to Speed Quest, PO Box 148, Harrisburg, OR 97446