



Sports Performance Center

Train the Way You Play™

Registration/Release Form

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

I hereby authorize Rehab United Physical Therapy (RU) and The Sports Performance Combine (SPC) to act accordingly in their best judgment in any emergency requiring medical attention, and I hereby waive and release RU-SPC or its affiliated partners from any and all liability for any injuries and/or illness suffered while participating in *Functional Strength Training Classes* provided by RU-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 _____ Age _____

Address _____

City _____ State _____ Zip _____ Phone _____

E-mail _____ Reprint E-mail _____

Whom may we thank for your referral? _____

Clinic: _____ RU 1 (Kearny Mesa) _____ RU 2 (Carmel Valley) _____ RU 3 (Grossmont)

Class:

_____ *Tri-Strength* _____ *Run-Fit* _____ Other: _____
 _____ *Pedal Power™* _____ *Vélo Strength*
 _____ *Power Hour* _____ *Fit 4 Life*

Pricing Options: _____ **5 Sessions:** \$90 _____ \$85 (Students, Military) _____ \$80 (Team CEC)
 _____ **10 Sessions:** \$179 _____ \$160 (Students, Military) _____ \$150 (Team CEC)
 _____ **20 Sessions:** \$329 _____ \$295 (Students, Military) _____ \$280 (Team CEC)
 _____ **Monthly Unlimited:** \$125
 _____ **Pay Per Session:** \$20
 _____ **Performance T-Shirt:** \$20 (included with 20-Session package) **Size:** _____

Payment (no refunds): Check (“Rehab United”), Credit Card, or [Online](#)

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): _____