



713-432-7333

Holiday Softball Skills Clinic

Monday 12/19/2011

Tuesday 12/20/2011

Wednesday 12/21/2011

Thursday 12/22/2011

9:00 AM to 2:00 PM (30-Minute Break)

Sessions (4)..... \$160.00

Single Session \$45.00

I have chosen and accept the above training sessions at BreakAway Speed. I further understand that a \$35 fee will be assessed on all returned checks or declined credit/debit card transactions. I **UNDERSTAND** and agree to all terms of my training sessions agreement, that I must adhere to all rules and safety procedures of **BreakAway Speed** and I have read a copy of such procedures. I understand I should receive a medical check up with a qualified physician prior to engaging in any strenuous physical activity and I participate in physical fitness activities at my own risk. I agree to release and hold harmless **BreakAway Speed** and its employees from any and all liability.

Name _____ Age _____ Date _____

Member Address _____

City _____ State _____ Zip Code _____

Home Telephone _____ Cell _____ E-mail _____

Emergency Contact _____ Number _____