WELCOME TO



We are excited to begin training for the 2018-2019 season!

 Below is what we will be working on within sessions:

* Speed
* Agility
* Quickness
* Change of Direction
* Strength
* Explosiveness
* Balance
* Injury Reduction

**Please sign and detach the waiver below. This must be turned in to an Xplosive Edge staff member BEFORE any training may occur.**

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**RELEASE OF LIABILITY (PARENTAL PERMISSION) ASSUMPTION OR RISK**

I grant permission to The Xplosive Edge director, assistants, coaches, or assigned chaperones of the camp or training program to act on my behalf for said minor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in granting permission for

 **(Insert Athlete Name)**

evaluation/treatment of minor medical problems.  I understand that should a major medical problem arise, an attempt will be made to notify me by telephone.  In the event that I cannot be reached, I hereby give my consent to such medical treatment deemed necessary by a licensed physician.  In addition, I hereby release the Board of Directors of The Xplosive Edge and all its employees from all claims on account of any injuries, which may be sustained by my son/daughter while attending any camps or training at Xplosive Edge, LLC.  I am aware of the risks involved in the use of athletic training facilities, resistance training, and its equipment. I know that such may result in injury or harm to my child, I acknowledge and assume such risks on behalf of my child. I also agree to indemnify the Board of Directors of The Xplosive Edge and its employees for any claim, which may hereafter be presented to my minor son/daughter as a result of any such injuries.  I also grant permission for The Xplosive Edge to use photographs of my son/daughters for publicity, advertising, or other commercial purposes.  This course admits all qualified applicants without regard to disability, race, color, religion, national or ethnic origin, or sexual orientation.

I hereby certify that I have read and fully understand This Authorization/Assumption of Risk

**Parent/Guardian Signature Here:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergic Reactions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications Currently Taking\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any past illnesses or other information that would be useful in the event medical treatment is necessary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby state that\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is physically fit to participate in an active resistance training program/strength and conditioning, and that I know of no physical impairments which would in any manner limit his/her participation in such a program.