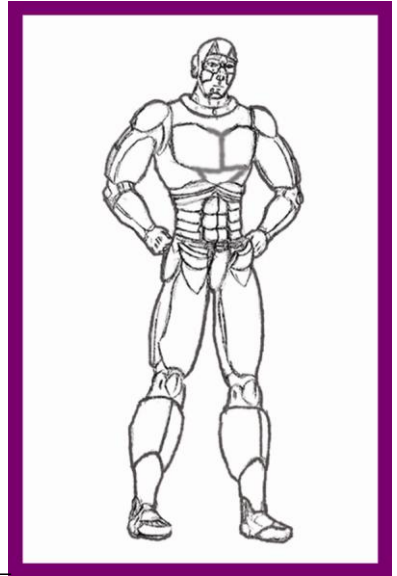


Athletic Republic Football Speed and Agility (players up to Modified) Starts October 24th



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

E-mail: _____

Important health information:

Registration Fees:

8 Session Training Package **\$160** _____

12 Session Training Package **\$210** _____

16 Session Training Package (plus free t-shirt) **\$240** _____

Please make checks payable and mail to: **Excel Sports Group PO Box 4767
1535 Crescent Road Clifton Park, NY 12065**

Circle one: Check(s) Cash Visa MasterCard Discover

Check Option: (Provide two checks at registration 50% - Oct 24th, 50% - Nov 15th)

Name on credit card: _____

Street _____

City _____ State _____ Zip _____

Credit Card #: _____ Exp: _____ Security Code: _____

Excel Sports Group LLC Waiver:

By participating in Excel Sports Group LLC programs and all related activities, I fully understand that these activities involve risks of injury and I fully accept and assume these risks. I acknowledge that I am in good physical condition and have been cleared by a doctor to participate. I hereby waive and agree to hold harmless Excel Sports Group, LLC, its owners, coaches, instructors, employees, volunteers and other participants/facilities from any and all claims. I have read and fully understand this release and waiver of liability. I also consent to administered first aid and emergency transport to the nearest medical facility.

Date: _____

Signature: _____

Excel Sports Group, LLC

**PO Box 4767 1535 Crescent Road Clifton Park, NY 12065
518.371.1469 fax 518.357.8474 www.AthleticRepublicCP.com**