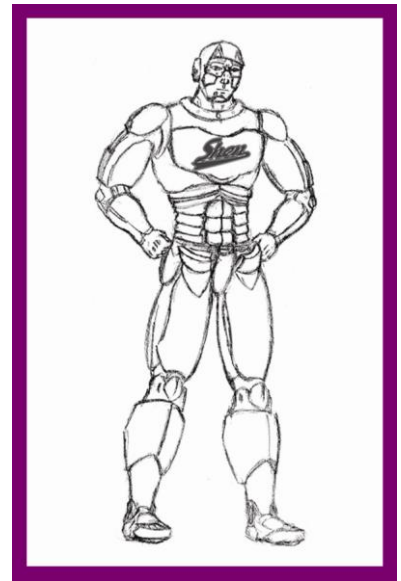


Shen Staff Wellness Boot Camp Registration Form

Jan 5th to March 8th (no class Jan 16, Feb 20, Feb 23)

Sponsored by Shenendehowa Community Education



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

E-mail: _____

Important health information:

Registration Fees:

Boot Camp (16 visits)	Monday/Thursday 4-5 pm	\$160.00	_____
Optional 3 rd Day (8 visits)	Saturday 8 am (at Athletic Republic)	add \$50	_____
Spouse Saturday (8 visits)	Bring your better half! - Saturdays only at AR	add \$50	_____
Total Payment:			\$ _____

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** dated Jan 5th(50%) & Feb 6th (50%))

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