

Please Return via e-mail:
 Phone: 612-719-3701
 E-Mail: gallsop@aioexcellence.com
 E-Mail: vmanne@aioexcellence.com



ATHLETIC INSTITUTE
OF EXCELLENCE

ATHLETE REGISTRATION FORM

LOCATION
 CMS Tennis Courts
 8050 Wallace Rd
 Eden Prairie, MN 55344

First Name: _____ Last Name: _____
 Date of Birth: _____ (mm/dd/yy) Gender: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Preferred Phone #: _____ E-Mail: _____
 Parent/Guardian Name: _____
 Preferred Phone #: _____ E-Mail: _____

PRICING (Days per Week)	
1 Day - Inquire	
2 Days - \$150	
3 Days - \$210	
4 Days - \$280	

PROGRAM

Please Indicate Program

Check weeks attending*

***NOTES:** - Indicate partial week(s) and/or days below.
 E.g. M/T/W/TH/F

Elite Program

Monday 9am - 12pm
 Wednesday 9am - 12pm
 Thursday 9am - 12pm
 Friday 9am - 12pm

Performance Program

Monday 9am - 12pm
 Wednesday 9am - 12pm
 Thursday 9am - 12pm
 Friday 9am - 12pm

*Week #10 (Time Change)

Monday 1pm - 3:30pm
 Wednesday 1pm - 3:30pm
 Thursday 1pm - 3:30pm
 Friday 1pm - 3:30pm

*Week #11 - 12 (Time Change)

Monday 3:30pm - 6pm
 Wednesday 3:30pm - 6pm
 Thursday 3:30pm - 6pm
 Friday 3:30pm - 6pm

- Week #1: June 10th – June 14th
 - Week #2: June 17th – June 21st
 - Week #3: June 24th – June 28th
 - Week #4: July 1st – July 5th*
 - Week #5: July 8th – July 12th
 - Week #6: July 15th – July 19th
 - Week #7: July 22nd - July 26th
 - Week #8: July 29th – August 2nd
 - Week #9: August 5th – August 9th
 - *Week #10: August 12th – August 16th
 - *Week #11: August 19th – August 23rd
 - *Week #12: August 26th - August 30th
- *Note: No training July 4th!**

PAYMENT TYPE:

*Checks made payable to
Athletic Institute of Excellence LLC

Card Holder Name

Credit Card #

Type

Exp. (mm/yy) Security Code

TOTAL \$ (Calculate via program brochure)

PAYMENT

For participating in session program(s), I agree to pay and specifically authorize Athletic Institute of Excellence LLC, to automatically and without notice charge the non-refundable amounts described above plus any applicable taxes. Registration will not be accepted unless all fees are collected prior to the commencement of any program listed above. Placement into any program is not guaranteed without prior approval of Athletic Institute of Excellence LLC management. Participants may be suspended or terminated if the terms and conditions listed herein are not adhered to.

SIGNATURE* (Typed Name)

*By typing my name, I, the undersigned, certify that I am signing this document as the person whose signature is required, or as agent of the person(s) whose signature would be required who has authorized me to sign this document on his/her behalf, or in both capacities. I further certify that I have completed all required fields. A typed name in the space for the signature is legally considered a signature under Minnesota Statutes, Sections 325L.02, clause (h) and 325L.07, clause (d).

Payments will be processed by
Paypal Pro Manager



or Electronic Signature or Print/Sign/Scan

TERMS AND CONDITIONS

The following general conditions apply. Other programs may have additional conditions which should be read in conjunction with these general conditions.

1. Registration is available based on current skills and vacancies available.
2. One week advance registration is recommended for all programs.
3. If there are insufficient enrolments in a program, the program may be canceled.
4. Fees are non-refundable, except in the following circumstances:
 - a. For injury or sickness of a participant a pro-rated refund or credit may be considered providing a participant provides a doctor's note stating they cannot participate in a program.
 - b. If a class is canceled, every effort will be made to find a suitable alternative class for the participant who has registered for the canceled class. If a suitable class cannot be found, the participant will be provided a full refund. If a refund is granted, the refund will be issued in the same method as the original payment.
5. To cancel an enrolment, Athletic Institute of Excellence LLC (AIE) must receive your notice of cancellation five days prior to the start date. Upon timely notice, AIE will refund amounts paid. If notice is received less than five days prior to the start date, the registrant will forfeit all amounts paid for the class.
6. Make-up classes are not provided for classes missed by participants.
7. Once your registration is confirmed the class will meet as scheduled unless you are notified otherwise.

There is an inherent risk of injury, whether caused by AIE or someone else, in the use of or presence at an AIE location, and participation in AIOE programs.

This risk includes, but is not limited to:

- (a) injuries arising from the use of any location used by AIE or equipment, including any accidental or "slip and fall" injuries;
- (b) injuries arising from participation in supervised or unsupervised activities and programs within an AIE location or outside an AIE location, to the extent endorsed by AIE;
- (c) injuries or medical disorders resulting from exercise during an AIE program, including, but not limited to heart attacks, strokes, heart stress, sprains, broken bones and torn muscles or ligaments; and
- (d) injuries resulting from the actions taken or decisions made regarding medical or survival procedures.

Disclaimer

I understand and voluntarily accept these risks. I agree to specifically assume all risk of injury, whether physical or mental, as well as all risk of loss, theft or damage of personal property while I am present at a location used by AIE, equipment or participating in AIOE programs, whether such programs take place inside or outside of an AIE location.

I waive any right to claims or to take actions against AIE, affiliates, independent contractors as well as employees or volunteers as a result of any such injury, loss, theft or damage, including and without limitation, personal, bodily or mental injury, economic loss or any damage resulting from the negligence of AIE operations, affiliates, independent contractors or anyone else.

If there is any claim by anyone based on any injury, loss, theft or damage that involves me, I agree to defend AIOE affiliates, independent contractors against such claims and pay such parties for all expenses relating to the claim, and indemnify AIE, affiliates, and independent contractors for all obligations resulting from such claims.

Media Consent

I hereby irrevocably consent to and grant AIOE, independent contractors and representatives, the exclusive and unlimited right to use and reproduce any and all photographs, audio recordings, video recordings or testimonial accounts taken by AIE that contain my person, name, image, voice, likeness or account, for any lawful purpose whatsoever and using any means available, including but not limited to, any AIE marketing communication or material. I waive the right to inspect, approve or edit any such use or reproduction, and AIE may make any and all changes, modifications, rearrangements, additions or deletions in its use or reproductions without approval.

I have read the above thoroughly and understand the terms. My participation in the selected activities as well as my agreement to the foregoing is both purely voluntary and I elect to do so in spite of the risks.

Signature (Typed Name or Electronic Signature or Print/Sign/Scan) Date (mm/dd/yy)

IF PERSON IS UNDER 18 YEARS OF AGE, A PARENT OR LEGAL GUARDIAN MUST COMPLETE THE FOLLOWING:

I, the undersigned parent or legal guardian of the participant, hereby execute the foregoing for and on behalf of the participant and agree to bind myself, the participant and any heirs, next of kin, assigns or personal representatives to such terms. I represent that I have full legal authority to act for and on behalf of the participant, and I agree to indemnify and hold harmless AIOE for any expenses, claims or liabilities that may arise as a result of any insufficiency of my full legal authority to execute the foregoing.

Signature (Typed Name or Electronic Signature or Print/Sign/Scan) Date (mm/dd/yy)