



STRENGTH TRAINING REGISTRATION INFORMATION

(To Secure Your Training Position Please Print Out And Return To PSA Prior to January 18, 2008)

2101 BRAD FRIEDEL'S FUTURE STARS, LORAIN OH 44053
440/282-2007 - WWW.GOPSA.COM

PLEASE WRITE LEGIBLY

| | | | |
|----------------------------|--|-------------------------------------|--|
| General Information | | | |
| Name | | School Name | |
| Nickname | | Home Phone | |
| Sex | | Work Phone | |
| Address | | Cell Phone | |
| Address | | Date of Birth | |
| City | | Email Address | |
| State | | T-Shirt Size | |
| Zip | | Height/Weight | |
| Graduation Year | | How did you hear about ADC and PSA? | |
| | | Are you a PSA United Member? | |
| | | Are you a Crew Junior Member? | |

| | |
|---|--|
| Supplements/Medications: | |
| | |
| | |
| Current or previous medical conditions and/or injuries: | |
| | |
| | |

| | |
|-----------------|--|
| Sport(s) Played | |
| Coach(s) | |

| | | | |
|-----------------------------|--|---------------|--|
| Parent's Information | | | |
| Mother's Name | | Father's Name | |
| Home Phone | | Home Phone | |
| Work Phone | | Work Phone | |
| Cell Phone | | Cell Phone | |

| | | | |
|--|--|------------------------------------|--|
| Incase of Emergency, Please Notify: | | Emergency Medical Contacts: | |
| Name | | Physician/Phone | |
| Phone | | Dentist/Phone | |
| Relationship | | Hospital/Phone | |

| | |
|------------------------|--|
| OFFICE USE ONLY | |
| Date | |
| Package | |
| Amount Paid | |

AGREEMENT

THIS AGREEMENT is made and entered into as of the ____ day of _____, 2007 by and between, **ATHLETIC DEVELOPMENT CORPORATION** ("ADC"), **PREMIER SOCCER ACADEMIES, INC.**, an Ohio non-profit corporation ("PSA"), and _____ of _____, Ohio ("Participant"). It is agreed as follows:

1. **Recitals**

1.1 **PREMIER SOCCER ACADEMIES, INC.**, provides soccer and fitness education to high school athletes and other individuals.

1.2 **ATHLETIC DEVELOPMENT CORPORATION** is engaged in the business of providing exercise and personal training to high school, college and professional athletes and other individuals.

1.3 _____, ("Participant"), desires to participate in one of PSA's specialized training programs.

1.4 PSA wishes to provide specialized training programs to participating members and to retain ADC to provide qualified trainers. PSA's specialized training program will be provided at the facilities of PSA at 2101 Brad Friedel's Avenue of Future Stars, Lorain, OH 44053 (the "PSA Facility").

2. **Training; Fees**

2.1 PSA agrees to provide for the Participant a specialized supervised training program as set forth on Schedule A. The program shall consist of an evaluation and the number of sessions set forth on Schedule A.

2.2 The fee to be paid to PSA for its services by the Participant is listed on Schedule A. The Participant acknowledges and agrees that the fee paid is non-refundable.

3. **Payment**

3.1 The fee listed on Schedule A is due and payable no later than _____, _____ ("Due Date"). If the total fee is not paid by the Due Date, then this Agreement shall terminate and neither party shall have any obligation or liability to the other.

3.2 Participant acknowledges and agrees that due to PSA's advance scheduling requirements and allocation of use of equipment and training time that the fee paid by the Participant is non-refundable. Furthermore, the failure of the Participant to sign a Release, follow ADC's and PSA's Rules and Regulations or participate in all or part of the scheduled sessions shall not result in any adjustment or refund of the total fee paid to PSA.

4. **Rules**

4.1 Participant acknowledges and agrees that the Participant shall adhere to and be bound by the Rules and Regulations of ADC and PSA as they now exist and may from time to time be amended or supplemented at PSA's sole discretion. Violation by the Participant of the Rules and Regulations may result, in the sole discretion of ADC and PSA, in terminating the Participant's use of the facilities and attendance in the training program.

4.2 Participant acknowledges and agrees that the Participant is required to properly behave, be appropriately dressed and not be late for any training session.

5. **Release**

5.1 Participant acknowledges and agrees that in order for Participant to use the equipment and facilities at the PSA Facility and receive training and participate in PSA's training program that the Participant, and/or a parent if the Participant is a minor, shall sign PSA's and ADC's "Disclaimer of Liability and Release of Claims" form ("Release").

6. **Miscellaneous**

6.1 Participant acknowledges and agrees that:

- a. The use of all facilities shall be undertaken at the Participant's own risk.
- b. Neither ADC nor PSA nor their employees and agents are responsible for lost or stolen articles of the Participant. Neither ADC nor PSA is responsible for any item left in any locker or other location.
- c. Neither ADC nor PSA nor their employees and agents are responsible for theft or damage to vehicles parked on the premises.

6.2 A Participant's right to train at the PSA Facility is non-assignable and non-transferable.

6.3 If the Participant relocates twenty-five (25) miles or more from the PSA Facility, or if PSA closes its facility, then in the case of a relocation and if the Participant requests that this Agreement be terminated, or if PSA closes the facility, this Agreement shall be proportionately divided by all of the days in which the facility was made available to the Participant, and the Participant shall be liable only for payments for that portion that can be attributed to the period prior to the Participant's relocation or PSA's closing. PSA shall return to the Participant any amount paid in excess of the proportional amount of monthly dues for said period. However, none of the initiation fee, if any, shall be refunded.

6.4 This Agreement shall be interpreted and enforced in accordance with the laws of the State of Ohio.

ATHLETIC DEVELOPMENT CORPORATION

By: _____
Date: _____

PREMIER SOCCER ACADEMIES, INC.

By: _____
Date: _____

Participant:

By: _____
Date: _____

**ATHLETIC DEVELOPMENT CORPORATION and PREMIER SOCCER ACADEMIES, INC.
DISCLAIMER OF LIABILITY AND RELEASE OF CLAIMS**

NAME: _____ **DATE:** _____
ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____
TELEPHONE: (_____) _____

EMERGENCY CONTACT: _____
TELEPHONE: (_____) _____

FOR MINORS

The risk of injury from the activities involved in this facility is significant, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist and, on behalf of my child, I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the Releasees (defined below) or others, and assume full responsibility for my child's participation; and, I willingly agree to comply with the stated and customary terms and conditions for my child's participation. **I ALSO UNDERSTAND AND ACKNOWLEDGE THAT MY CHILD SHOULD HAVE A PHYSICAL EXAMINATION BEFORE COMMENCING ANY EXERCISE OR PHYSICAL PROGRAM/ACTIVITY.** I acknowledge and agree that my minor child is subject to all rules and regulations of **ATHLETIC DEVELOPMENT CORPORATION** and **PREMIER SOCCER ACADEMIES, INC.** On behalf of my child and my child's heirs, assigns, personal representatives and next of kin, I hereby release, indemnify and hold harmless **ATHLETIC DEVELOPMENT CORPORATION**, its officers, owners, employees and agents, and **PREMIER SOCCER ACADEMIES, INC.** its officers, directors, members, employees and agents (all jointly and severally referred to as Releasees), with respect to any and all injury, disability, claims, damages, death, or loss or damage to myself or my property, whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law. I further agree and covenant not to make any claim or bring or file any action or lawsuit against Releasees for any injury or damage in any way related to my child's activities at the facilities of **PREMIER SOCCER ACADEMIES, INC.**, and to the Rules and Regulations of **PREMIER SOCCER ACADEMIES, INC.**, and **ATHLETIC DEVELOPMENT CORPORATION**. **I HAVE READ THIS DISCLAIMER OF LIABILITY AND RELEASE OF CLAIMS, FULLY UNDERSTAND ITS TERMS, UNDERSTAND AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. INITIALS** _____.

I HAVE READ, UNDERSTAND AND AGREE TO ALL OF THE ABOVE TERMS.

PRINT NAME OF MINOR: _____
PRINT NAME OF PARENT: _____
SIGNATURE OF PARENT: _____

FOR ADULTS

The risk of injury from the activities involved in this facility is significant, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist and, I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the Releasees (defined below) or others, and assume full responsibility for my participation; and, I willingly agree to comply with the stated and customary terms and conditions for participation. **I ALSO UNDERSTAND AND ACKNOWLEDGE THAT I SHOULD HAVE A PHYSICAL EXAMINATION BEFORE COMMENCING ANY EXERCISE OR PHYSICAL PROGRAM/ACTIVITY.** I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify and hold harmless **ATHLETIC DEVELOPMENT CORPORATION**, its officers, owners, employees and agents, and **PREMIER SOCCER ACADEMIES, INC.** its officers, directors, members, employees and agents (all jointly and severally referred to as Releasees), with respect to any and all injury, disability, claims, damages, death, or loss or damage to myself or my property, whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law.

I HAVE READ THIS DISCLAIMER OF LIABILITY AND RELEASE OF CLAIMS, FULLY UNDERSTAND ITS TERMS, UNDERSTAND AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. INITIALS _____.

I HAVE READ, UNDERSTAND AND AGREE TO ALL OF THE ABOVE TERMS.

PRINT NAME OF PARTICIPANT: _____
SIGNATURE OF PARTICIPANT: _____

ACKNOWLEDGMENT

I have received and read a copy of **ATHLETIC DEVELOPMENT CORPORATION'S** and the **PREMIER SOCCER ACADEMIES, INC.**, Rules and Regulations ("Participant and Gym Rules") and agree to be bound by same.

SIGNATURE OF PARTICIPANT

Participant and Gym Rules

1. Every athlete must report to the gym 15 minutes prior to their scheduled workout.
2. Every athlete must be warmed up prior to their scheduled workout.
3. Every athlete must be appropriately dressed. They must have a sleeved shirt and shorts. Running or workout shoes must be clean and dry.

(*Failure to follow rules 1-3 will result in forfeiture of the athlete's assigned workout time.)
4. All athletes will be required to supply a clean white hand-size towel to their workout and wipe off equipment after they have used it.
5. Gym requires concentration. Horseplay, loud or offensive language or temper tantrums are not permitted.
6. Jewelry such as loose fitting necklaces, bracelets, dangling earrings and watches should not be worn.
7. Athletes should show respect for the facility and equipment at all times. Defacing the facility or misuse of equipment will result in complete forfeiture of workout privileges.
8. Athletes should remove weights from the racks to the bar only. Never set plates on the floor or lean them against equipment or walls. Dumbbells and plates should be returned to the rack in proper order.
9. Bumper plates are required on the platforms for power oriented and explosive exercises.
10. Spotters are required for all structural exercises.
11. Safeties must be used for all structural exercises and treadmill activities
12. Food, gum, glass bottles and cans are not permitted in the workout area. Plastic water bottles are permitted
13. Alcohol, tobacco, drugs and banned substances are prohibited in this facility and use of these items will subject the athlete to complete forfeiture of their privileges.
14. Training belts and jackets must be appropriately checked out before they are used.
15. All facility related injuries must be reported immediately.
16. Staff offices, telephones and the area behind the reception desk are off limits.
17. Guests and visitors are required to stay in the Elite Training Center reception area.

Schedule A: Package

Complete Athletic Training Program

\$850.00*

Strength/Speed/Agility

Testing and Evaluation – 2 sessions

32 training sessions – 4 days/week for 8 weeks (total sessions 34)

2 days/week – speed and agility training – Pneu-FAST

2 days/week – strength training – weight training (vibration)

Supplement Guide

5-1 coaching ratio

| | | |
|-----------------------|-------------------|--------------|
| Team Discount: | Team of 6-10 | 10% discount |
| | Team of 11-16 | 15% discount |
| | Team of 16 and up | 20% discount |

***PSA United or Crew Junior Individual Member will receive a 20% discount. Please indicate on the registration form which club you are associated with.**

PSA Elite Training Center (training hours)

| | |
|-----------|-------------------|
| Monday | 2:00 PM – 8:30 PM |
| Tuesday | 2:00 PM – 8:30 PM |
| Wednesday | 2:00 PM – 8:30 PM |
| Thursday | 2:00 PM – 8:30 PM |
| Friday | 2:00 PM – 8:30 PM |
| Saturday | 9:00 AM – 5:00 PM |

(All training hours are subject to change. Athletes training at PSA will be informed in advance of any changes to the schedule)

To participate in the Complete Athletic Training Program please fill-out the registration information and mail it in along with your payment to:

Premier Soccer Academies
2101 Brad Friedel's Future Stars
Lorain, OH 44053

Checks should be made out to Premier Soccer Academies.

For questions related to training programs available and to schedule training workout sessions please contact PSA at 440/282-2007.