



SAIT Campus Centre
1301-16th Avenue NW
Calgary, AB T2M 0L4

REGISTRATION FORM

P.H. (403) 284-7175
Fax (403) 210-4354
peakpower@sportdevelopment.com

Program Information

Please print clearly and complete the full form.

Power Program:	Cost:
Day/Time of Session:	
X	
Cardholder Name	Cardholder Signature
Card Number	Expiry Date

I hereby authorize Peak Power Sport Development to bill all outstanding balances to the credit card on this form.

Personal Data

Name:	Birth Date:	
Parent/Guardian's Full Name (as necessary):		
Mailing Address:		
Town/City:	Province:	Postal Code:
Phone:	(h)	(w)
Email:		

Peak Power Sport Development Policies

Refund Policy: \$100.00 deposit is non-refundable and nontransferable.

The "Client" understands that they are solely responsible for their adherence to the training programs provided by Peak Power Sport Development Inc. (PPSD) and agrees to pay PPSD in full for the total payment set out above. Once the program starts, if for any reason the "Client" discontinues (in whole or in part) using PPSD's facility and/or services, they understand and agree that they are financially responsible for all outstanding fees. Furthermore, there will be no extension of the term to account for any discontinuance, be it in whole or in part. No refunds will be processed after the program starts. Any refunds prior to program start will be charged a 15% processing fee.

Participating in physical training programs or fitness testing conducted by PPSD should not result in physical injury of the participant, however the participant acknowledges that there is the potential of injury inherent in all types of physical activity including PPSD programs. IN THE EVENT OF PHYSICAL INJURY RESULTING FROM THE EVALUATION PROCEDURES, EQUIPMENT USAGE OR TRAINING, NO MEDICAL TREATMENT OR MONETARY COMPENSATION WILL BE PROVIDED BY PPSD OR ANY OF ITS EMPLOYEES, THE PARTICIPANT MUST LOOK TO THEIR OWN HEALTH INSURANCE POLICIES.

Please list any medical problems that may be affected by exercise to ensure individual personal safety while participating in programs (i.e., asthma, joint problems, diabetes):

I have read and understood the preceding policies.

Signature: _____ Date: _____

All personal information provided on this registration form will be kept private and confidential at all times.