



16719 110th Ave. E
Puyallup, WA 98374
(253) 840-8581
Fax: (253) 848-1908

Client Registration

Client Name: _____ Age: _____

Parent/Guardian Name: _____
(individual responsible for payment)

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email: _____

Emergency Contact:

Name: _____

Phone number: _____

School Attended: _____

Sports Participating In/Positions Played: _____

Priority Sport: _____

Training Experience: Beginning
 Intermediate
 Advanced

Payment Policy

All pertinent dues are to be paid to Competitive Edge Performance Training, L.L.C., by the 1st of each month. Dues received or postmarked after the 10th of the month will be subject to a \$5.00 late fee. Returned checks or payments stopped will be charged a \$15.00 returned item fee. Payments for testing and assessments are non-refundable. Initial dues are non-refundable unless exceptional circumstances arise. Athletes who have not paid dues will not be allowed to participate in activities.

I understand that this is a monthly agreement that must be terminated in writing 30 days in advance of the termination date. I am aware that my account balance must be zero in order to cancel this agreement. By signing this agreement, I hereby acknowledge that I understand and will comply with this policy.

(Signature of Client)

_____/_____/_____
(Date)

(Parent/Legal Guardian if under 18 years of age)