



Application

Date: _____

How did you hear about True Sports Performance? _____

Athletes Name: _____

Home Phone: _____

Address: _____

City _____ Zip Code: _____

DOB: _____

Parent(s): Mr. _____

Mrs. _____

Email Address: _____

Cell Phone: _____

(Other than parents phone, please give us one other contact just in case.)

Other Contact: _____

Phone: _____

Sessions expire after 1 year from date below, no refunds (with exceptions) exchanges only.
Parent/legal guardian does not hold True Sports Performance responsible for any medical complication that may occur with or without the physician release signed.

Signature of Responsible Party: _____

Print: _____

Date: _____