



VIRGINIA SPORT & SPINE INSTITUTE

Virginia Sport & Spine Institute
2203 Graves Mill Road, Suite A
Forest, VA 24551
434-851-0091
www.vassi.org

Training Rates and Registration

Table with 3 columns: # of Athletes, 1-Session, 5-Session. Rows include Private Training, 2 athlete training, 3 athlete training group, Small Group 4-7 athletes, Team Training, and Custom Camps and Clinics.

\*After 15-minutes of tardiness, we reserve the right to cancel a session. You will be charged unless you have given a 24-hour notice.

Please make check payable to VSSI. We also accept all major credit cards with a 3% processing fee.

Registration form table with fields: Athlete Name, Parents, Address, City, State, Zip, Grade, Age, School, Cell Phone, Sport, Parent e-mail, Athlete e-mail.

Release of Liability

I, \_\_\_\_\_ am in good health and able to participate in a vigorous training program. I have no previous sickness, illness, disease or bodily injury that is contraindicated to participation in any activity set forth. We understand that Virginia Sport & Spine Institute(VSSI) is not responsible for any physical injury that may occur during training activities. I hereby, release, hold harmless, discharge, and agree not to take any legal action against VSSI and/or its directors, facilities, and/or coaches for all liability from participation in this program.

In the event a participant is injured I give my permission for any medical procedures that may be deemed necessary.

Participant Signature Printed Name

Parent/Guardian Signature (if needed): \_\_\_\_\_

Medical Insurance: Policy Number: