



Name(s): _____

Contact email: _____

Home address: _____

City: _____ State: _____ Zip code: _____

TRAINING CAMPS

Academy

Ages 8-13

For young athletes looking to build a foundation in strength and conditioning for sport performance. Covers the basic principles of strength, power, speed, and agility. Athletes will be taught how to execute lifts and drills with proper biomechanical technique to ensure safety and to sustain an athletic career void of preventable injuries. The Academy will begin with body weight exercises and progress to greater resistance according to the athlete's skill set and ability. The Academy Camp meets 2 days a week.

Performance

Ages 14-18

The ideal camp for athletes looking to compete on the high school stage, and to best prepare themselves for competition at the collegiate level. The Performance camp takes the basic concepts covered in the Academy to a whole new echelon, allowing athletes to build upon their pre-existing background in strength and conditioning. Athletes will learn the advanced progressions of lifts such as the clean, as well as more advanced drills in the areas of speed, agility, and plyometrics. The Competition camp has a 2, 3 or 4 day a week option.

Complete Performance

Ages 18+

Utilizing the tools of college strength and conditioning programs, the Complete Camp is perfect for anyone looking to get fit in a safe and fun environment. This is ideal for all levels of fitness and personal accommodations can be made on a case by case basis. Technique is a major focus and our coaches make that their top priority. The Complete camp is held 4 days a week, encompassing all the fundamentals of the core strength and conditioning lifts as well as functional movements to maximize your fitness for the everyday active individual all while dropping body fat!

Type of Camp (choose 1):

____Academy-2 times per week 60 min sessions (\$85/ month)

____Banzai VBC In-season Training 2X 60 min sessions (\$75/month)

____Performance-2 times per week 60-75 min sessions (\$95 per month)

____Performance-3 times per week 60-75 min sessions (\$125 per month)

____Performance-4 times per week 60-75 min sessions (\$150 per month)

____Complete - 4 times per week 60-75 min sessions (\$150 per month)

Training Times: Monday, Tuesday, Wednesday, Thursday, Friday 5:30am, or anytime between 4-8 pm.

***Additional days and times may be added to accommodate*
(see Nick, Bo, Scott, or Farah to discuss)**

Amount to be billed \$_____for _____months.

The amount listed above will be automatically billed on my credit/debit card on a monthly basis until the final contractual month has been billed. If you are paying with a card you will be billed on the 1st of every month. You can also pay with cash or check.

Signature (parent/guardian only 18 years or older)_____

Billing Information

Credit card (Visa, Mastercard, Discover)

_____-_____-_____-_____ Exp. Date_____

Name on card:_____

Check #:_____ Date of check:_____ Date of check:_____



POWER & PERFORMANCE

Parental Permission Release of Liability (must be signed to participate)

I grant permission to Banzai VBC employees or assigned chaperones) to act on my behalf for said minor and myself in granting permission for the evaluation/treatment of minor medical problems. I understand that should a major medical problem arise, an attempt will be made to notify me by telephone. In the event that I cannot be reached, I hereby give my consent to such medical treatment deemed necessary by a licensed physician. In addition, I hereby release Banzai VBC and all its employees from all claims on account of any injuries which may be sustained by my son/daughter while participating in training. I also agree to indemnify Banzai VBC and its employees for any claim at which may hereafter be presented to my minor son/daughter as a result of any such injuries. I also grant permission for Banzai VBC to use photographs and videos of my son/daughter for publicity, advertising, or other commercial purposes. This course admits all qualified applicants without regard to disability, race, color, religion, national or ethnic origin or sexual origin. I hereby certify that it have read and fully understand this authorization.

Parent/Guardian signature: _____ Date: _____

Email address: _____

Medical History

Allergic Reactions: _____

Current medications: _____

Past illnesses, injuries or other information in the event medical treatment is necessary: _____

Insurance Information:

Insurance company: _____

Policy holder: _____ Policy number: _____