



Iceland (905)507-8448

2008 Registration Form - Profile 3

Please print. Date: _____

First Name: _____ Last Name: _____

Street: _____ Apt.: _____

City: _____ Prov./State: _____ Postal/Zip Code: _____

Phone Number: (____) _____ Bus: (____) _____

Team/level played in 2007: _____ D.O.B.(D/M/Y): ____/____/19____

E-mail: _____

Current Medications Conditions / Allergies: _____

Emergency Contact

Name: _____ Relationship: _____

Phone Number: (Home) (____) _____ (Bus) (____) _____

Credit card information and a 25% deposit must accompany application submission in order to reserve your spot. For guaranteed placement full payment must be received prior to June 1, 2008. Limited space is available.

Program	Total Cost	50% Deposit (Due at registration)	Start Date	Remaining Balance (Due June 1, 2008)	Total Payable (Including GST)
22 Weeks	\$1221.00	\$641.03	March 31, 2008	\$641.03	\$1282.05
16 Weeks	\$1056.00	\$554.40	May 12, 2008	\$554.40	\$1108.80
10 Weeks	\$870.00	\$456.75	June 23, 2008	\$456.75	\$913.50
8 Weeks	\$816.00	\$428.40	July 7, 2008	\$428.40	\$856.80
1 Week	\$120.00	--	--	--	\$126.00

Please note that all packages, programs and sessions are subject to 5% GST.

Method of Payment

**** Please note: Credit card information is required for application to be considered complete ****

Credit Card VISA Amex Mastercard
 Card #: _____ Expiry (M/Y): ____/____
 Interac
 Cash
 Cheque Postdated Cheques: _____

Client Consent

In consideration of the acceptance of this application and the services to be rendered and the facilities to be made available to me by Mind to Muscle by Vision Tek Inc., I, for myself, my heirs, and any other interested parties HEREBY RELEASE, WAIVE, AND FOREVER DISCHARGE Mind to Muscle by Vision Tek Inc., and all their respective employees, officers, and agents OF AND FROM ALL CLAIMS, DEMANDS, DAMAGES, COSTS, EXPENSES, ACTIONS, AND CAUSES OF ACTION, WHETHER IN LAW OF EQUITY, IN RESPECT OF DEATH, INJURY, LOSS, OR DAMAGE TO MY PERSON OR PROPERTY, HOWEVER CAUSED, arising prior to, during, or after any test, program, assessment, treatment, or attendance at Mind to Muscle by Vision Tek inc., and NOTWITHSTANDING THAT ANY SUCH CLAIM MAY HAVE BEEN CONTRIBUTED TO OR OCCASIONED BY THE NEGLIGENCE OF ANY OF THE AFORESAID.

 Date Athlete Signature (Parent or guardian if under 18 years of age)

Program Registered: _____ Notes: _____
