

**KARDS ACADEMY TRAINING
NOVEMBER 2018**

All packages must be finished within a 14 week period. Refunds are not available after the second session or 14 week period unless approved. If a session cannot be made due to illness or an emergency, please call before your schedule appointment. If a call is not received with 8 hours prior to a session, that session counts and cannot be made up. If three or more consecutive sessions have been missed, with no call or notice, the coach will cancel the remainder of your sessions with no refund. Packages can be paid in full, in half, or in quarter payments. All "extended packages" require a minimum of \$100 down. If you are paying in installments for any package, you are required to pay for the total number of sessions. For example, if you sign the agreement for 15 sessions and pay in quarter payments and then decide three sessions were enough, you are still liable for all 15 sessions.

INDIVIDUAL PRICING											
Youth 8-11 years old / Adult 1 hour sessions				Progression Level I & II 12-18 years old 1.5 hour sessions				Premier. College + 2 hour sessions			
√	Plan	Total Cost	Cost Per Session	√	Plan	Total Cost	Cost Per Session	√	Plan	Total Cost	Cost Per Session
	1 Session	\$60	\$60		1 Session	\$105	\$105		1 Session	\$115	\$115
	6 Sessions	\$360	\$60		6 Sessions	\$645	\$105		6 Sessions	\$690	\$115
	15 Sessions	\$855	\$57		15 Sessions	\$1500	\$100		15 Sessions	\$1650	\$110
	24 Sessions	\$1125	\$47		24 Sessions	\$2160	\$90		24 Sessions	\$2280	\$95
	36 Sessions	\$1500	\$42		36 Sessions	\$2820	\$78		36 Sessions	\$3240	\$90

ALL-TEAM PRICING							
Youth 8-11 years old 1 hour sessions			Progression Level I & II 12-18 years old 1.5 hour sessions			Premier. College + 2 hour sessions	
√	No. of Athletes	Cost Per Athlete	√	No. of Athletes	Cost Per Athlete	√	No. of Athletes
	5-10	\$10 each		5-10	\$13 each		1 Session
	11-15	\$7 each		11-15	\$9 each		6 Sessions
	16-20	\$5 each		16-20	\$7 each		15 Sessions
							Cost Per Athlete

Client Name						Date		
Phone		Email			Method of Payment			
Parent Name						Cell #		
Package Selection						PIH	PIH	Payment Plan
Client Signature						For office use only		
Parent Signature (if under 18)								

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Physical Activity Readiness Questionnaire

1.	Has a doctor ever said you have a heart condition and recommended only medically supervised physical activity?		Yes		No
2.	Do you have asthma or any other pulmonary disorder brought on by physical activity?		Yes		No
3.	Do you have chest pain brought on by physical activity?		Yes		No
4.	Do you tend to lose consciousness or fall over as a result of dizziness?		Yes		No
5.	Has a doctor ever recommended medication for your blood pressure or heart condition?		Yes		No
6.	Do you have a bone or joint problem that could be aggravated by the proposed physical activity?		Yes		No
7.	Are you aware, through your own experiences or a doctor's advice, of any other physical reason against your exercising without medical supervision?		Yes		No

Release and Waiver of Liability

I understand that the Kards Academy may require my /my child's participation in physical activity, including but not limited to, running, jumping, sudden stopping/starting, and weightlifting. I acknowledge that my/my child's participation in such activities can result in physical injury to me/my child and that the risk of such injury cannot be avoided.

In consideration of the aforementioned and in order to participate, I agree:

- To assume full responsibility for any risk of bodily or personal injury, illness, death or property damage arising out of my/my child's own acts or omissions.
- To release, waive, forever discharge and promise to hold harmless the Kards Academy and Steven Hensley Baseball and it's officers, directors, affiliates, employees, insurers, agents, and coaches from any and all claims connected with my / my child's participation in the activity.

I have been given sufficient opportunity to read this document. My signature below acknowledges that I agree to be bound by the terms contained herein.

Participant Signature (if 18 yrs or older)

Print Participant Name

Date

Parent/Guardian signature

Print Parent/Guardian Name

Date