



# 2019 COMBINE PREP TRAINING CAMP



**Elite Athlete Training Services** offers The Top Combine Prep Program in the DC/Baltimore Metropolitan Area and is **endorsed by Nike/SPARQ Combines**. This Training camp is designed to prepare you to perform at your best and Get that **“Edge”** over your competition

Where	When	Cost	
<p><b>E.A.T.S. at The Performance Barn</b></p> <p>15870 Frederick Rd. Woodbine, MD. 21797 <i>(Turn into Country Springs Nursery)</i></p>	<p><b>Sunday's</b> 11:00am – 12:30 pm</p> <p><b>Combine Training</b> Feb 24<sup>th</sup> - May 5<sup>th</sup> (10 Sessions)</p> <p>No Session April 21st (Easter Sunday)</p>	<p><b>Individual In Full</b></p>	<p><b>\$500</b> <b>\$50 per Session</b></p>
		<p><b>Group (3+) In Full</b></p>	<p><b>\$450</b> <b>\$45 per Session</b></p>
		<p><b>Drop In</b></p>	<p><b>\$55 Per Session</b></p>

Our comprehensive combine training program addresses the 40yard dash, Pro-Agility Shuttle, Vertical Jump, L-Drill, Broad & Vertical Jump. To ensure quality of instruction and the development of each athlete this camp is limited to 10 participants.

To reserve your spot Contact Us Today [Info@EliteAthleteTraining.com](mailto:Info@EliteAthleteTraining.com)

240-498-9647 / [www.EliteAthleteTraining.com](http://www.EliteAthleteTraining.com)

***SUPERIOR TRAINING... DOMINATING PERFORMANCE!***

# E.A.T.S. PROGRAM REGISTRATION

## Personal Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Contact Information:

Home Tel # \_\_\_\_\_ Work Tel # \_\_\_\_\_  
Cell # \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Emergency Contact # \_\_\_\_\_  
Relationship \_\_\_\_\_

Payment Type:     Check # \_\_\_\_\_ (Payable to E.A.T.S.)     Credit Card

Credit Card Information			
Credit Card Type (circle one)			
Visa	Master Card	Amex	Discover
Credit Card #	Exp Date	Sec Code	Authorized Amount
			\$
Billing Name (as printed on card)			
Billing Address			
City	State	Zip Code	

## Waiver of Liability

I hereby give my consent to *Elite Athlete Training Services, MBW Training Center* and all affiliated coaches to provide me, my child and/or my family reasonable and customary medical/athletic training attention or emergency medical services if necessary in the course of my, my child's or my family's participation. I am fully aware of the hazards and risks, including catastrophic injury, paralysis and even death as well as other damages or losses associated with my, my child's or my family's participation in athletic training. I further agree on behalf of myself, my heirs and personal representatives to release, discharge and waive any and all claims against *Elite Athlete Training Services, MBW Training Center*, their officers, directors, coaches, trainers, employees, agents and volunteers from all claims or liabilities of any kind arising out of my participation in athletic training or activities.

Signature X \_\_\_\_\_

Date \_\_\_\_\_