



belitetraining.com

Athlete Development Camp

July 12-16, 2020

REGISTRATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Shirt Size _____

Height _____

Jacket Size _____

Weight _____

Short Size _____

Shoe Size _____

(adult sizes)

Favorite color _____

Camp Registration Fee: \$299 (Checks payable to Kearney CrossFit, but include BELITE in the check memo.)

PAYMENT AUTHORIZATION: I hereby understand that no refunds will be given and understand that deposit of payment is my consent. Please send payments to Kearney CrossFit @ PO Box 97 Kearney, NE 68848 or call to charge credit card.

We accept check, cash, or all major credit cards (Visa, Mastercard, Discover, American Express)



**** FOR QUESTIONS: please email KEARNEYCROSSFIT@GMAIL.COM or call (308) 440-0241 ****

RETURN ORDER FORM WITH PAYMENT TO:

2810 W. 24th Street

Kearney, NE 68845

or call (308) 440-0241

Nebraska Fitness Co., LLC/Kearney CrossFit and Personal Training Liability Form

Please fill out COMPLETELY and PRINT CLEARLY.

First Name _____ **Last Name** _____

Phone (_____) _____ **I was referred by** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Email _____ **Age** _____ **Date of Birth:** ____/____/____

How Did You Hear About Us: (please be specific): _____

Please list any injuries or health conditions that you are aware of?

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DATE: ____/____/____

SIGNATURE/ _____
(GUARDIAN IF PARTICIPANT IS UNDER AGE OF 18)

All sponsors of this camp are only sponsors. They are in no way responsible for the program itself or anything that takes place during the camp. Nebraska Fitness, LLC is the responsible party.