

# WARRIOR FITNESS

## TEAM/ORGANIZATION/GROUP REGISTRATION

\_\_\_\_\_  
Team/Organization/Group Name

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone #

### Requested Programs

Clinic: \_\_\_\_\_  
(Recreation/ Travel)

Small Group: \_\_\_\_\_  
(# of Participants)

Team Camp: \_\_\_\_\_  
(Team Name)

High School: \_\_\_\_\_  
(Name, # of Participants)

### General Information

Gender: \_\_\_\_\_

Age Range: \_\_\_\_\_

Skill Level: \_\_\_\_\_  
(Rec., Travel, Club, V/JV)

Comments: \_\_\_\_\_

Signature \_\_\_\_\_  
(Coach/ Manager/ Coordinator/Commissioner/Agent)

Date \_\_\_\_\_

\*All participants will be required to complete *player registration form*.  
This form is required to be completed on or before training begins.

\*Payment Instructions & Conditions found at our information center  
under the listing of "Our training programs and levels."