



TVC
PERFORMANCE TRAINING SERVICE AGREEMENT

* A form is required for EACH client. *

Name _____ Date _____

Address _____

Street

City

State

Zip Code

Telephone _____ / _____ / _____

Day

Evening

Cell

Volleyball Performance Training Package:

Volleyball Specific Training Program
Club Season [December 1st –June 30th]

\$295 _____

***[Training is 2-session per week over the entire season]**

Payment Type

Payment amount \$ _____

Cash _____

Check # _____

Visa/MC/Amex/Discover (circle)

House Charge (if member) _____

Remaining balance of _____ paid on _____

Cash _____

Check # _____

Visa/MC/Amex/Discover (circle)

House Charge (if member) _____

Client Waiver and Policies

I hereby agree to contract a Synergy Sports & Fitness Performance Trainer for a predetermined number of performance training sessions, to be conducted on site. I understand that the listed fees are for Performance Trainer/Intern service solely and exclusively; membership at Synergy Sports & Fitness requires a separate charge.

Athlete/Parent Signature _____

Date _____

Trainer Signature _____

Date _____