



TEAM CLINIC APPLICATION

Contact Information

School/Organization Name: _____

Sport(s) / Level(s): _____

Address: _____

Athletic Director Name: _____

Phone: _____

Email: _____

Coach Name: _____ Phone: _____

Email: _____

Coach (2) Name: _____ Phone: _____

Email: _____

Services Offered

- () 1 day (2-3 hour) preseason team clinic (up to 20 participants) \$950
- () 2 day (2-3 hours each day) preseason team clinic (up to 20 participants) \$1850
- () 3 day (2-3 hours each day) preseason team clinic (up to 20 participants) \$2750
- () 2 hour small group breakdown sessions (up to 8 participants) \$500

Cost & Deposit Information

TOTAL	DEPOSIT	BALANCE	PAYMENT METHOD
\$			Check ____ Money Order ____ Cash ____ Cashier Check ____ Sponsor _

Team Clinic Dates

1st choice Start Date: _____ End Date: _____ Start Time: _____ End Time: _____

2nd choice Start Date: _____ End Date: _____ Start Time: _____ End Time: _____

Conditioned Minds School Team Clinics

- Every clinic is followed by a detailed written curriculum and report, a copy of which is given to the coach for follow-up purposes. Each session also includes a number of activities students and players can do on their own away from the team training environment.

Reserving your Dates and Deposit

- Please make sure to accompany this registration with your deposit (if necessary). Deposits for team clinics are **30% of total cost** and are non-refundable. We will try our best to accommodate your first choice, but team clinics are on a first come first served basis. Full payment is due prior to the start of your team clinic.
- We will contact you within 2 business days of receiving your application to confirm your registration and schedule your team clinic. If you have any questions or need assistance please call Rodney Zimmerman at (678) 615-8160.
- All participants must have a completed and signed Team Clinic Player Registration and Waiver form.

Clinic Policies

- Clinic application is by email only. Please send to conditionedminds@gmail.com. Please be sure to send your completed intake form and check (if necessary) at least 2 weeks in advance of clinic to guarantee a clinic at your location.
- Clinic attendees must be confirmed approximately 10 days in advance of the clinic start date.
- Please carefully look at the dates of the clinic and determine if you can commit to the dates listed before you sign up for the clinic. If you do encounter a conflict including weather and school/organization closing, you may reschedule a clinic for a later date.
- Conditioned Minds does not allow walk-ins to clinics. Advance registration is required in order to maintain our youth/pro ratio.
- A clinic is a group activity. If you feel that you require more one on one attention/time with the pro. Every effort is made to accommodate the number of students at the clinic.
- Please note, there are no refunds permitted once your check and registration form has been received.

Clinic Cancellation Policies

Otherwise, 15-30 days, 50% refund; within 14 days, no refund.



INTAKE APPLICATION

SPORT: _____

1. What is your typical style of play?

2. What is your reasoning behind this decision?

3. Rate in order from 1 – 8 (1 being the most important) what is most important to you for your team to be successful.

- () Solid mental discipline
- () Superior physical conditioning
- () Solid individual attitudes
- () Pride and desire by all involved
- () Superior defense
- () Superior offense
- () Solid organization amongst all participants
- () Loyalty

4. Name your top 3 leaders by example:

5. Name your top 3 performers:

6. List your goals for the season.

a.

b.

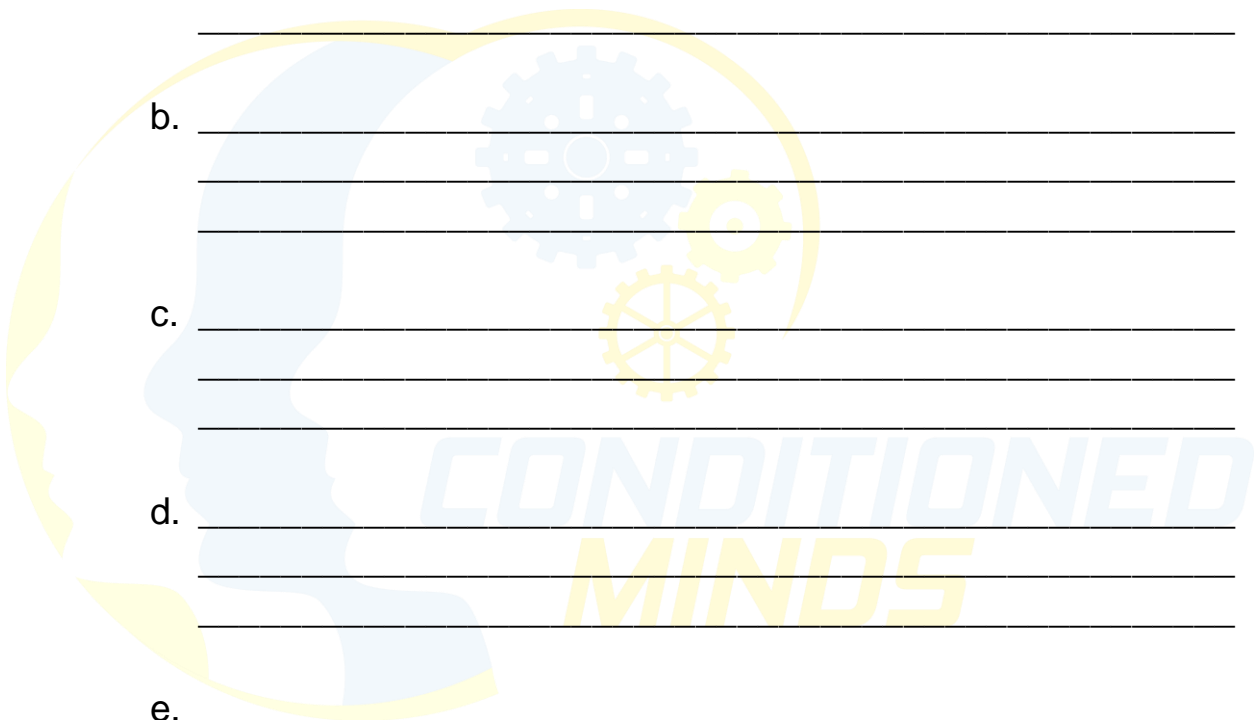
c.

d.

e.

f.

g.

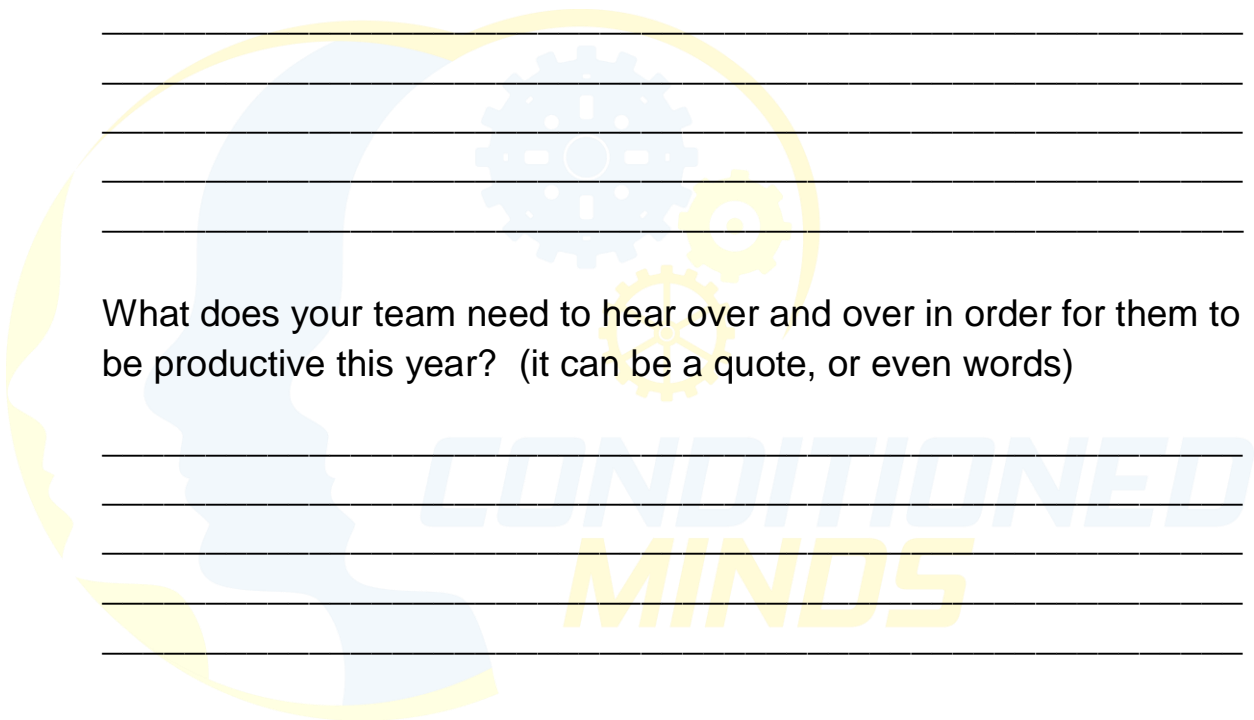


7. Are you fearful that some of your top players may be ineligible for the season? _____

8. What was last year's record? _____

9. In your opinion what prevented you from having a more successful season, if anything?

What does your team need to hear over and over in order for them to be productive this year? (it can be a quote, or even words)



List everything you would like for your team to get out of this clinic:

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

7) _____

8) _____

9) _____



Release and Waiver of Liability and Indemnity Agreement

(Read Carefully Before Signing)

In consideration of being permitted to participate in any way in Conditioned Minds Foundation and/ or being permitted to enter for any purpose any restricted area (here in defined as any area where in admittance to the general public is prohibited), the parent(s) and/or legal guardian(s) of the minor participant named below agree:

1. The parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating in Conditioned Minds activity or event, he or she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the officials of such condition and refuse to participate. I understand and agreed that, if at any time, I feel anything to be UNSAFE, I will immediately take all precautions to avoid the unsafe area and REFUSE TO PARTICIPATE further.

2. I/WE fully understand and acknowledge that:

(a) There are risks and dangers associated with participation in Conditioned Minds events and activities which could result in bodily injury partial and/or total disability, paralysis and death.

(b) The social and economic losses and/or damages, which could result from these risks and dangers described above, could be severe.

(c) These risks and dangers may be caused by the action, inaction or negligence of the participant or the action, inaction or negligence of others, including, but not limited to, the Releasees named below.

(d) There may be other risks not known to us or are not reasonably foreseeable at his time.

3. I/WE accept and assume such risks and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the Releasees named below.

4. I/WE HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Conditioned Minds contracted facility used by the participant, including its owners, managers, promoters, lessees of premises used to conduct Conditioned Minds event or program, premises and event inspectors, underwriters, consultants and others who give recommendations, directions, or instructions to engage in risk evaluation or loss control activities regarding Conditioned Minds contracted facility or events held at such facility and each of them, their directors, officers, agents, employees, all for the purposes herein referred to as "Releasee" ...FROM ALL LIABILITY TO THE UNDERSIGNED, my/our personal representatives, assigns, executors, heirs and next to kin FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES AND ANY CLAIMS OR DEMANDS THEREFORE ON ACCOUNT OF ANY INJURY, INCLUDING BUT NOT LIMITED TO THE DEATH OF THE PARTICIPANT OR DAMAGE TO PROPERTY, ARISING OUT OF OR RELATING TO THE EVENT(S) CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE.

5. I/WE HEREBY acknowledge that THE ACTIVITIES OF THE EVENT(S) ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. Each of THE UNDERSIGNED also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES.

6. EACH OF THE UNDERSIGNED further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the Province or State in which the event is conducted and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.

7. On behalf of the participant and individually, the undersigned partner(s) and/or legal guardian(s) for the minor participant executes this Waiver and Release. If, despite this release, the participant makes a claim against any of the Releasees, the parent(s) and/or legal guardian(s) will reimburse the Releasee for any money which they have paid to the participant, or on his behalf, and hold them harmless.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Parent or Guardian Signature (if minor) _____

Printed Name of Participant _____

(Every youth must have a registration & waiver form filled out before participating with Conditioned Minds.)
