

# PASS

POWER | AGILITY

STRENGTH | SPEED

Fee-Based

# Varsity

ATTN:  
HIGH SCHOOL  
ATHLETES

ATHLETIC PREPARATION PROGRAM

## PASS VARSITY

- PREPARES HIGH SCHOOL ATHLETES TO TAKE THEIR GAME TO THE NEXT LEVEL
- OFFERS WORKOUTS PROVEN TO IMPROVE POWER, STRENGTH, AGILITY, AND SPEED
- EMPHASIZES FLEXIBILITY AND MOBILITY DEVELOPMENT
- HELPS TO PREVENT FUTURE INJURIES BY TEACHING PROPER TECHNIQUE
- & MORE

### SCHEDULE

3:30pm - 5:00pm

Monday - Thursday

Member

1 MONTH \$95

2 MONTH \$170

3 MONTH \$225

Non-Member

1 MONTH \$135

2 MONTH \$250

3 MONTH \$345

SIGN UP AT THE CONCIERGE!

QUESTIONS? EMAIL [MIKE@THEPAC.COM](mailto:MIKE@THEPAC.COM)

**PELICAN**

ATHLETIC CLUB

# PELICAN

ATHLETIC CLUB

## REGISTRATION FORM

Please fill out completely and return to PAC concierge.

NAME: \_\_\_\_\_ T-SHIRT SIZE: \_\_\_\_\_  
*if applicable*

D.O.B.: \_\_\_\_\_ GENDER: \_\_\_\_\_

MEMBER #: \_\_\_\_\_  MEMBER  NON-MEMBER

EMERGENCY CONTACT NAME / GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

AVAILABLE TIMES : \_\_\_\_\_  
*if applicable*

I accept full responsibility for my use of any and all apparatus, appliances, facility privilege or service whatsoever, owned and operated by this club, directors, employees, representatives, and agents harmless for any and all loss, claim, injury, damage or liability sustained or incurred by myself, my family or others under my supervision or control resulting therefrom. In addition, I agree that the above information is accurate and complete. I, also, understand and acknowledge that photos may be taken for publicity/marketing purposes and give my authorization for any and all photos or video footage of myself, or of my minor child, to be used in this fashion.

SIGNATURE: \_\_\_\_\_

THE INFORMATION BELOW IS TO BE FILLED OUT BY PAC CONCIERGE ONLY.

PROGRAM NAME	PACKAGE <i>if applicable</i>	CODE	COST
1: _____	_____	_____	_____
2: _____	_____	_____	_____
3: _____	_____	_____	_____

ADDITIONAL NOTES  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AMOUNT DUE:

AMOUNT PAID:

**PAYMENT INFORMATION:**  
METHOD OF PAYMENT: Check, Credit Card, Cash, CTA

Check #

PAYMENT ACCEPTED BY: \_\_\_\_\_