

# REGISTRATION

## INJURY PREVENTION & SPORTS PERFORMANCE

2024 FALL & 2025 WINTER TRAINING PROGRAM



**MARY'S**  
HEALTH & FITNESS



### Mary's Training Center

981 Bullfrog Valley Rd,  
Hummelstown, Pa 17036

### Athlete Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Sport(s) Played: \_\_\_\_\_

**Please Select:** Session preferences are offered on first come, first serve basis.

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Session 1:</b> 7-8:30AM Mon/Wed/Fri  | <input type="checkbox"/> <b>Session 3:</b> 11AM-12:30PM Mon/Wed/Fri  |
| <input type="checkbox"/> <b>Session 2:</b> 8:30-10AM Mon/Wed/Fri | <input type="checkbox"/> <b>Session 4:</b> 7AM-8:30AM Tues/Thurs/Sat |

### Parent Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Payment

**Standard:** \$900 Per Athlete

**Discount:** 15% off for siblings

*Payment plans available upon request*

Payment must be submitted with your completed registration form via one of the following methods:

1. **Debit or Credit Card:** (except American Express)
2. **Check:** Made payable to "Mary's Health and Fitness"
3. **Cash**

### Office Use Only

#### Session Assignment

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | <b>Session 1:</b> 7-8:30AM<br>Mon/Wed/Fri      |
| <input type="checkbox"/> | <b>Session 2:</b> 8:30-10AM<br>Mon/Wed/Fri     |
| <input type="checkbox"/> | <b>Session 3:</b> 11AM-12:30PM<br>Mon/Wed/Fri  |
| <input type="checkbox"/> | <b>Session 4:</b> 7AM-8:30AM<br>Tues/Thurs/Sat |
| <input type="checkbox"/> | <b>Payment Received</b>                        |

**SUBMIT:** [info@maryshealthandfitness.com](mailto:info@maryshealthandfitness.com) or in person to MTC

*\*\*Your athlete's spot is not reserved until registration and payment are received\*\**