eFax: 888-216-9011 Email: info@apecgo.com

Name	Age/Grade		
Mailing Address			Zip
PhoneEMAIL			
Su	ım <mark>m</mark> er Spo	eed <mark>S</mark> ch	nool
	(El <mark>em</mark> entary Schoo	ol 3 rd – 5 th G <mark>ra</mark> de	e)
8 Week (June	10 – August 2) / 1	1 Week (June	e 10 – August 23)
· ·		· ·	eipt of registration and given your start date.
	// //		
Please check the time option that works for Tues/Thur Start Times: 4:30PM	o <mark>r yo</mark> ur athlete.		
Pricing:			
Payments: Payment arrangements on all packages are required in a Option #1: Pay in full at time of enrollment by Option #2: Pay one third down, schedule rema You are responsible for the entire cost of the	cash, check or credit/debit card. (Elig aining balance to paid in full prior to A	lib <mark>le fo</mark> r 5% <mark>dis</mark> count in man Nugust 1 st .	
Waiver Statement (Must be signed by lega		ne securing a position in	a illined slot program.
RELEASE OF LIABILITY State of Texas Counties of Smi	-		slate (navartilla pala propries and
who will be allowed to participate in the Accelerate Perfo employees, officers, and directors shall not be held liable	rmance Enh <mark>anc</mark> ement Cen <mark>ter (</mark> APEC b by me in <mark>any</mark> way with p <mark>artic</mark> ipation a out of or rel <mark>ated</mark> to partici <mark>pati</mark> on at APE). I (we) understan <mark>d an</mark> d ag at APEC. I (we) kno <mark>win</mark> gly r	
Date:	Athlete/Parent/Legal Guar	dian Signature:	
CC#	Ехр Г)ate:	(We DO NOT accept American Express)