



PERFORMANCE COURSE

AUSTIN HIGH SCHOOL
SUMMER
2023 FEMALE

IMPROVE ATHLETICISM. DEVELOP CHARACTER. BUILD LEADERS.

WWW.PERFORMANCECOURSE.COM



AUSTIN HIGH SCHOOL - SUMMER 2023 FEMALE

PROGRAM DETAILS

Course Name: Summer 2023 Female
Location: Austin High Weight Room, 1715 W. Cesar Chavez St., Austin, TX 78703
Dates & Days: 06/12/2023 - 07/27/2023, Monday, Tuesday, Wednesday, Thursday
No PC week(s) of: 07/03/2023 - 07/07/2023
Time: 8:45 AM - 10:15 AM
 Recommended for females, grade 6th - 12th
 Please visit performancecourse.com for more information and program details.

PAYMENT INFORMATION

Course Fee: \$240 ; **Late Registration Fee:** \$260 after May 3, 2023

TOTAL TUITION \$ _____

Apparel (write quantity per size)

T-shirts \$25 each *Mark quantity in size

S ___ M ___ L ___ XL ___ XXL ___ (Adult) S ___ M ___ L ___ (Youth)

Athletic Shorts \$30 each *Mark quantity in size

S ___ M ___ L ___ XL ___ XXL ___ (Adult) S ___ M ___ L ___ (Youth)

Athletic Drawstring Bag \$15 Qty _____

TOTAL APPAREL \$ _____

TOTAL AMOUNT DUE \$ _____

REGISTRATION FOR AUSTIN HIGH SCHOOL SUMMER 2023 FEMALE

Name _____ Grade _____ Gender _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Emergency Contact _____ Emergency Phone _____

RELEASE OF LIABILITY

I hereby waive and release for myself and my heirs, any and all rights or claims I may have against the Performance Course, Inc. (PCI), any affiliates or subdivisions of Performance Course, Inc., any school of facility in which Performance Course, Inc are conducted, and each of their respective agents, employees, servants, officers, directors, and representatives, for injury or illness arising out of or in anyway connected with my participation in the Performance Course, Inc. I further agree to indemnify and hold harmless of each said persons or property which may arise by virtue of my participation in the Performance Course, Inc. I understand there are certain risks and dangers associated with all activity involved in the Performance Course, Inc and the use of the facility. Injuries can and do occur during Performance Course, Inc. I hereby grant permission for trainers, doctors and their designees to administer appropriate medical care, antigens or injuries, and to perform emergency procedures as necessary. Participant, or guardian of participant, agrees to waive any claim against PCI for any damage, loss, cost, expense or liability resulting from performing (or failing to perform) any duties or functions, and PCI IS HEREBY RELEASED FROM LIABILITY TO THE PARTICIPANT OR HIS PARENTS FOR ANY AND ALL DAMAGES, LOSSES, COSTS, EXPENSES, AND LIABILITIES ARISING OUT OF ANY INCIDENT TO OR RESULTING FROM SUCH PERFORMANCE OR FAILURE TO PERFORM, EVEN THOUGH CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE (WHETHER BY ACT OF OMISSION OR COMMISSION), GROSS NEGLIGENCE, STRICT LIABILITY OR OTHER LEGAL FAULT OF PCI.

ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATED TO CORONAVIRUS/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. PCI cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending PCI could increase your risk and your child(ren)'s risk of contracting COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending PCI and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at PCI may result from the actions, omissions, or negligence of myself and others, including, but not limited to, PCI employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at PCI or participation in PCI programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless PCI, its employees, agents, and representatives, and any schools or facilities where PCI programs are held, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to COVID-19. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of PCI, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any PCI program. Finally, I acknowledge and understand that if my child or I am found to have contracted COVID-19 or have symptoms of COVID-19, or if the training facility closes or delays opening due to COVID, I and my child(ren) will not be allowed to complete the program and will not be entitled to a refund of the fees paid for the PCI program.

VIDEO/PHOTO RELEASE

I hereby give permission for images of the participant, captured during the Performance Course, Inc (PCI) program listed through video, photo and digital camera, to be used solely for the purposes of PCI promotional material and publications, and waive any rights of compensation or ownership thereto.

Signing the guardian signature states that you understand and agree to the terms of the Release of Liability and Video/Photo Release.

Guardian Signature _____ Date _____

Signature must be in place in order for child to participate - NO REFUNDS

MAKE CHECKS OR MONEY ORDER PAYABLE TO:

Performance Course, PO Box 882 Allen, TX 75013

Phone: 214-383-4444 • Fax: 214-383-4631 • info@performancecourse.com

REGISTER ONLINE AT PERFORMANCECOURSE.COM

NO REFUNDS

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INJURY/MEDICAL HISTORY

Please include any previous medical issue, injury and/or surgery that we should be aware of prior to the course starting.

***Completion of injury/medical history does not take the place of directly (face to face) informing the Performance Course Coach of any injuries or needed modifications. If your athlete is under the care of a physician, please have your child speak with their PC Coach on the first day of training and continuously communicate as the course progresses.

There is no injury or medical information I wish to include at this time.

_____ Parent/Guardian Initials

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NO REFUNDS