

SPEED CAMP 2019

NAME: _____

ADDRESS: _____

PARENT OR GUARDIAN: _____

PHONE (PARENT) _____ ATHLETE _____

EMAIL: (PARENT) _____

EMAIL: (ATHLETE) _____

EMERGENCY

CONTACT/PHONE: _____

GRADE IN SCHOOL FALL 2019 _____ SCHOOL _____

TSHIRT SIZE:

YOUTH: SMALL MEDIUM LARGE

ADULT: SMALL MEDIUM LARGE XLARGE XXLARGE

COST: \$120 (BY June 10th) \$140 (AFTER June 10th)

FAMILY DISCOUNT: \$120 1st Child \$100 2nd Child \$80 every child after

Fitness Training can be a physically demanding activity. It is important that you are in a physical condition that will allow you to participate without presenting danger to yourself or others. If you have any concerns that a health condition, injury, or previous lack of physical activity may put you at risk of personal injury or discomfort, please see the advice of your physician before you begin.

I, undersigned, fully understand and agree to the following:

I am participating in athletic fitness training offered by a certified athletic trainer from Sandhills Physical Therapy & Sports Rehab, P.C. (Sandhills PT).

I recognize that any physical exertion may be strenuous and may cause injury.

I am fully aware of the risks and hazards.

I understand that it is my responsibility, if appropriate, prior to participation in the camp to consult with a physician regarding my participation in Sandhills PT training.

I hereby state that I am able and have no medical condition, which would prevent my full participation in the training.

I knowingly and voluntarily waive any claim I may have against Sandhills PT and its trainers

for injury or damages that I may sustain as a result of participation in the fitness training activities.

I have read the release and waiver of liability and fully understand it's content; and I voluntarily agree to the terms and conditions stated above.

Please list any pertinent medical issues: _____

Signature of Participant: _____

Signature of Parent/Guardian: _____

(Parent/Guardian acknowledges pre-participation physical and physicians approval when appropriate to participate)

PHOTO/WEBSITE WAIVER: (please sign only one)

I choose to ALLOW pictures and/or video of my child in Sandhills PT Speed Camp to be used on advertising for Sandhills Physical Therapy & Sports Rehab, PC

Signature of Parent/Guardian _____

I choose to NOT to ALLOW pictures and/or video of my child in Sandhills PT Speed Camp to be used on advertising for Sandhills Physical Therapy & Sports Rehab, PC

Signature of Parent/Guardian _____

**Any questions Contact Maggie ONeil, ATC
Sandhills Physical Therapy and Sports Rehab
(C)308-289-9017**