

Peak Physical Therapy Power Speed and Agility Camp - Signup and Waiver

NAME: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone (primary): _____ Secondary: _____
Email address: _____ Sport: _____ Position: _____
Age: _____ (must be min. 12 yrs old) Birthdate: _____
Emergency Contact: _____
(Name) (Number)

Participant (athlete) has elected to enroll in the Peak Physical Therapy power, speed and agility camp. This clinic runs for 8 sessions, every Tuesday and Thursday in October 2006 (10/3 – 10/26). The fee for participation is \$300 and can be paid via cash or check. Refunds are only permitted via formal physician request. Partial enrollment is not permitted. By making the payment, the participant expresses intent to participate in this clinic. In consideration for and as a condition of acceptance to such participation, participant and guardian (if under 18 yrs of age) agrees to assume all risk incident to such participation and agrees to hold athletic trainers, owners, instructors, facility and all employees of Peak Physical Therapy harmless from all suits, claims, or demands of every kind arising out of or in connection with the undersigned as participant in this fitness/recreational program.

Signature: _____ Date: _____

Signature of parent or guardian if applicant is under 18 years of age: _____

Power, Speed and Agility Camp - Peak Physical Therapy (Newburgh Location)
- 7:00-8:30 pm - 10/3 – 10/26

*please dress in gym clothes and arrive 15 min prior
For more info and directions visit: www.peakpt.com

**what other sports/activities do you or other friends/family members participate in and wish to be notified about?*

1. _____
2. _____
3. _____

- **Please fill out and return with payment to:**

Att: Jeff Stent - Peak Physical Therapy, 260 North St., Newburgh, NY 12550