



Agility, Speed, and Power Training Registration Form

High School Athlete Program (Page 1 of 3)

Program	Cost	Quantity	Cost
Single Athlete Registration	\$499.95		
Group of Three Athletes Registration	\$1,199.85 (\$399.95 per athlete)		
Total Cost			

Please indicate which session you are registering for below.

- Session #1:** Week of 6/28/10 through 7/23/10
- Session #2:** Week of 7/26/10 through 8/20/10
- Other (custom schedules must be pre-arranged with Stride to Health)

Payment

Please make check payable to: Fall Busters, LLC

Drop checks off at the clinic or mail to: PO Box 1023, Simsbury, CT 06070

- MasterCard Visa

Account # _____ Exp. Date _____

Name as it appears on card: _____

Billing Address: _____

Your Signature: _____

By signing above, you agree to authorize your credit card to be charged for payment in the amount of the "total cost" box above.

Continue With Athlete Registration and Waiver Form On The Next Two Pages



Athlete Info – Please fill out this page and the waiver form on the 3rd page for each athlete registering.

(page 2 of 3)

Name: _____

Date of Birth _____ Gender ___M___F

Street Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: () _____

Sport(s) Played: _____

Email Address: _____

Emergency Contact Name: _____

Emergency Contact Phone #: _____

Relationship to Minor: _____

Primary Care Physician: _____ Phone #: _____

****Please Call The Clinic At (860) 325-0RUN (0786) To Schedule A Biomechanical Evaluation. It Is Highly Recommended That This Be Done Prior To Beginning The Training So That Any Issues Can Be Identified And Addressed To Reduce The Risk Of Injury And Ensure Optimal Performance And Benefits From The Training..**



PLEASE READ THIS DOCUMENT (THE "WAIVER AGREEMENT") CAREFULLY BEFORE SIGNING

I know that running, sprinting, jumping, and exercising is a potentially hazardous activity. I should not participate in this program unless I am medically able. I hereby certify that I am in good health and in proper condition to participate in the training program. I assume all risks associated with participating in this program, including, but not limited to: falls, contact with other participants, the effects of weather, including high heat and/or humidity, traffic and the conditions of the surface on which the training takes place, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry into this training program, I, for myself and anyone entitled to act on my behalf, waive and release Fall Busters, LLC, D.B.A, Stride to Health, its officers, directors, agents, volunteers, independent contractors and employees, from all claims or liabilities of any kind arising out of my participation in this training program even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to Fall Busters, LLC to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.

I consent to be evaluated and treated by a physical therapist as a part of this training program and realize that I have the right to refuse any procedure after having the risks and benefits explained to me. I understand that these physical therapy sessions are intended to help treat and prevent injuries, aches, and pains and that even if no injury is present, the physical therapy sessions are recommended to help prevent future injuries as a result of athletics.

By initialing the box to the left, I give my permission for my child to use "pH balancing" nutritional supplements at no extra cost to improve athletic performance, reduce muscle soreness and fatigue, and to improve recovery between training sessions. I understand that while the supplement use is recommended by Stride to Health, it is not necessary. I understand the supplements used and recommended by Stride to Health contain no stimulants and no steroids and all the ingredients are allowed by the United States Anti-Doping Agency (USADA) and are FDA Generally Recognized As Safe (GRAS). I realize that if I have questions or concerns about the supplements offered by Stride to Health, I should contact the office for more information.

(Athlete or Participant)

Print Name: _____

Signature: _____

Date: _____

(Parent or Legal Guardian for Persons under Eighteen (18) Years of Age)

Print Name of Guardian: _____

Signature: _____

Date: _____

Relationship to Minor: _____