

Small group training sessions ensure you'll receive individual coaching from our staff of nationally *Certified Strength and Conditioning Specialists*®.

## Developmental

**SUMMER 2009**



Designed to help the young athlete prepare for the rigors of athletic performance, and promote an **active** and **healthy** lifestyle. These programs introduce essential muscular and **movement** patterns which are key to establishing a **foundation** of athleticism. The workouts are designed to be **fun** and promote self esteem and self confidence while at the same time developing the growing athlete.

Ages: 9-12

60 minute Training Sessions

June 15 – August 28

### ATHLETE INFORMATION

Name:		Date of Birth:
Grade:	School:	
Sport:	Sport(2):	Sport(3):

### PARENT/GUARDIAN INFORMATION (if under 18)

Name:	Email:	
Address:	City:	Zip:
Home Phone:	<input type="checkbox"/> Mobile / <input type="checkbox"/> Work Phone:	

### PACKAGE OPTIONS (SELECT ONE)

<input type="checkbox"/> 18 SESSIONS (\$269)	<input type="checkbox"/> 12 SESSIONS (\$199)
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### TRAINING SESSIONS (CHOOSE TRAINING DAYS)

**MONDAY / WEDNESDAY 3:30 – 4:30 PM**

WEEK 1 (JUNE 15-19)	WEEK 2 (JUNE 22-26)	WEEK 3 (JUNE 29-JULY 3)
<input type="checkbox"/> MON <input type="checkbox"/> WED	<input type="checkbox"/> MON <input type="checkbox"/> WED	<input type="checkbox"/> MON <input type="checkbox"/> WED
WEEK 4 (JULY 6-10)	WEEK 5 (JULY 13-17)	WEEK 6 (JULY 20-24)
<input type="checkbox"/> MON <input type="checkbox"/> WED	<input type="checkbox"/> MON <input type="checkbox"/> WED	<input type="checkbox"/> MON <input type="checkbox"/> WED
WEEK 7 (JULY 27-JULY 31)	WEEK 8 (AUGUST 3-7)	WEEK 9 (AUGUST 10-14)
<input type="checkbox"/> MON <input type="checkbox"/> WED	<input type="checkbox"/> MON <input type="checkbox"/> WED	<input type="checkbox"/> MON <input type="checkbox"/> WED
WEEK 10 (AUGUST 17-21)	WEEK 11 (AUGUST 24-28)	ADD-ON SESSIONS AVAILABLE CALL FOR DETAILS (608) 261-1775
<input type="checkbox"/> MON <input type="checkbox"/> WED	<input type="checkbox"/> MON <input type="checkbox"/> WED	

*INDIVIDUAL AND TEAM TRAINING ALSO AVAILABLE. CALL (608) 261-1764 FOR DETAILS.*

### PAYMENT INFORMATION

Amount:	<input type="checkbox"/> Check# _____ <input type="checkbox"/> Visa <input type="checkbox"/> Master Card	Card Number:	Expiration:
Cardholder's Name:		Signature:	Date:

For Office Use ONLY:

## REFUND/CANCELLATION POLICY

I agree to pay a \$50 non-refundable deposit with this registration. Enclosed is the enrollment fee paid in full, for the above named athlete. I understand that my entire fee, less the \$50 non-refundable processing fee will be refunded if such athlete cancels at least two (2) weeks prior to the first scheduled day of the program. At any time after that date, I will receive a credit minus the \$50 registration fee to be used for future Power<sup>2</sup> program instruction within 12 months of original registration date. I further understand there will be no refund or credit for days unattended by athlete. UW Health Athletic Performance reserves the right to cancel any program offerings or decline any application.

## CONSENT FORM

I acknowledge that by signing this document for my son's/daughter's (athlete) participation in UW Sports Medicine's *Athletic Performance Program* that I release the University of Wisconsin Hospitals and Clinics Authority ("UWHCA") and the Board of Regents of the University of Wisconsin System ("University") from liability. I have been advised to read it carefully before signing. I understand that the *Athletic Performance Program* involves participation in strenuous physical activity and the use of exercise equipment and that physical injury may result. The athlete has no physical or medical condition which to my knowledge would endanger the student or others during participation.

## WAIVER AND RELEASE FROM LIABILITY

I agree not to bring any claim, demand, and/or cause of action of any nature whatsoever against UWHCA or University, or any member, officer, employee or agent of either, for any loss, damages, and injuries including: 1) any known and unknown, foreseen and unforeseen bodily personal injury, 2) loss of life, and 3) any attorney's fees at trial and appellate levels, and costs, expenses, or charges sustained, directly or indirectly, or alleged to have been sustained, or in any fashion arising from, in connection with, or resulting from the athlete's participation in or association with the *Athletic Performance Program*, even if due to the negligence (sole or joint) of UWHCA or the University or any member, officer, employee or agent of either. I agree that UWHCA and University are not insurers and it is not my intention or the intension of UWHCA or University or any member, officer, employee or agent of either, to assume responsibility for any loss, damages, or injuries arising from the athlete's participation in or association with the *Athletic Performance Program*.

## INDEMNITY

Further, I will indemnify and hold harmless UWHCA and University or any member, officer, employee or agent of either from and against any claim, demand, and/or cause of action of any nature whatsoever, brought by or on behalf of the athlete or any member of the athlete's family, including, but not limited to the athlete's mother, father, brother, sister, or grandparents, or any lawful blood descendants of the athlete for any loss, damages, or injuries, including: 1) any known and unknown, foreseen or unforeseen bodily and personal injury, 2) loss of life, and 3) any attorney's fees at the trial and appellate levels, and costs, expenses, or charges sustained, directly or indirectly, or alleged to have been sustained, or in any fashion arising from, in connection with, or resulting from the athlete's participation in or association with the *Athletic Performance Program*, even if due to the negligence (sole or joint) of UWHCA or University or any member, officer, employee or agent of either. This agreement is binding upon my heirs, successors, or assignees. It may not be modified orally and a waiver of any provision shall not be construed as a modification of any other provision herein or as a consent to any subsequent waiver or modification.

## MEDICAL HISTORY (PLEASE DESCRIBE ANY ILLNESSES OR INJURIES THAT MAY AFFECT YOUR SON/DAUGHTERS PARTICIPATION)

Signature: (Parent/Guardian if under 18)

Date:

## HOW DID YOU HEAR ABOUT POWER<sup>2</sup> ATHLETIC PERFORMANCE?

<input type="checkbox"/> High School Athletic Trainer	<input type="checkbox"/> UW Health Physical Therapist	<input type="checkbox"/> UW Health – In Brief
<input type="checkbox"/> Newspaper	<input type="checkbox"/> UW Health Physician	<input type="checkbox"/> Princeton Club Flier
<input type="checkbox"/> Friend _____	<input type="checkbox"/> Radio	<input type="checkbox"/> Mailer
<input type="checkbox"/> Sport Coach _____	<input type="checkbox"/> Web	<input type="checkbox"/> TV - News
<input type="checkbox"/> E-mail	<input type="checkbox"/> Athletic Performance Clinic	<input type="checkbox"/> Other _____



Return completed registration form to:

**Power<sup>2</sup> Athletic Performance**

8042 Watts Road  
Madison, WI 53719  
Fax: (608) 261-1760