

ACL Strengthening and Conditioning SUMMER CLINICS Girls age 11-18 (mid/high school)



June 2-25, 2009
July 7-30, 2009
August 4-27, 2009
\$120 per athlete

Each session meets on Tue/Th, 4:30-5:30 pm, at our Boulder location, 311 Mapleton Ave. Classes are limited to 20 participants. Payment must be received to reserve a space in a camp. Return this form to Boulder Center for Sports Medicine with payment, or call (303) 544-5700 and have the information requested below. **SEE YOU AT CAMP!**

REGISTRATION INFORMATION—ACL SUMMER CLINICS 2009

June Clinic **July Clinic** **August Clinic**

Name: _____ **DOB:** _____

Home Address: _____

Home Phone Number: _____ **Cell:** _____

Emergency Contact/Phone#: _____

Sport: _____ **Team Name:** _____

Grade: _____ **School:** _____

Payment: **Check** **Cash**
 Credit Card **Visa MC AmEx Discover**

Card # _____

Security Code: _____ **Exp. Date:** _____

Consent to Participate: Our staff will take all safety precautions possible during this training camp. Training and conditioning does have some risk, such as soreness, sprain/strain, injury, fracture, abrasions, contusions, pulmonary and cardiac stress, and in very rare cases, can even result in death. By signing this consent, you are stating that your child is healthy enough to participate in strengthening and training activities, and that you will not hold BCMSM liable for any of the conditions listed above. If you have concerns about your child's participation, please contact your family physician or call our office and speak to one of our physical therapists involved in the training camp.

I have read and understand the above paragraph and believe my child is healthy enough to participate in this camp.

Parent/Guardian Signature

Date