

ATHLETE'S ADVANTAGE REGISTRATION FORM

Strength & Conditioning
Female 14+
Mon/Wed 5-6pm

Strength & Conditioning
Female 8-13
Tues/Thur 5-6pm

Strength & Conditioning
Male 8-13
Mon/Wed 6-7pm

Strength & Conditioning
Male 14+
Tues/Thur 6-7pm

Speed & Agility
Male & Female 8-13
Mon/Wed 10:30-11:30am

Speed & Agility
Male & Female 14+
Tues/ Thur 10:30-11:30am

(please circle the camp you will be attending)

Name _____ **Age:** _____ **DOB:** _____

Grade (2020-2021): _____ **School** _____

Address: _____ **Zip:** _____

Parent/Guardian's name: _____ **Phone#:** _____

Email: _____

Emergency Contact: _____ **Phone#:** _____

Do you have any current injury that we should know about? Yes/no Please describe: _____

List any previous injuries and how they were treated: _____

List any existing medical conditions (asthma, diabetes, heart conditions): _____

T-Shirt Size: XS S M L XL XXL (please circle your size)

Photo Release

I hereby grant Orthopaedic and Sports Therapy Center (OSTC) to use my likeness in a photograph in any and all of its publications, including website, internal publications, outside advertisements without payment or any other compensation. I understand that these photographs will be property of OSTC. I authorize OSTC to edit, alter, copy, exhibit, publish or distribute this photo(s) for purposes of publicizing the OSTC programs or for any lawful purpose.

I waive the right to inspect or approve the finished product, including written or elect copy.

Athlete's Signature: _____ **Date:** _____

Parent/Guardian's Signature: _____ **Date:** _____

The undersigned acknowledges that he/she desires to participate in the Athlete's Advantage program and agrees to pay OSTC for this program. Furthermore, the participant agrees to abide by the rules set forth by OSTC. It is understood by the undersigned and he/she expressly agrees to participate in this program at his/her own risk. The participant represents that he/she is physically able to undertake the vigorous physical activities of this camp. If the participant is in doubt as to his/her physical ability to undertake such physical exercises, the participant acknowledges that he/she has the duty on consulting with his/her physician prior to participation in this program. It is also understood that the undersigned expressly forever releases and discharges OSTC,

Orthopaedic Associates or its employees from all claims, injuries, damages that may occur during participation in the Athlete's Advantage program, including and without limitation, those resulting whole or in part from the acts or omissions attributable to the agent, employees or representatives of OSTC.

Permission is given to render first aid if the athlete is injured.

Parent/Guardian's Signature: _____ **Date:** _____