

### Medical Waiver and Release of Liability

I, \_\_\_\_\_ acknowledge that I, individually, have voluntarily applied for my child to participate in the Performance Health & Fitness program. I acknowledge the risks and the potential risks of athletic training. However, I feel that the possible benefits to me and my child are greater than the risk assumed.

I am aware that although Performance Health & Fitness, its subsidiaries, and parent companies, its officers, directors, owners and/or employees make reasonable efforts to make each child's training a safe and productive experience, that there are inherent risks which occur as a result of such physical activity.

I acknowledge that a child, when training, through no fault of his own, his trainer(s) or the facility may become injured for a variety of reasons that are unavoidable.

I represent that I am in good health and suffer from no physical impairment, which would limit my use of Performance Health & Fitness' facilities or instruction. I further represent that I carry full and complete medical insurance coverage.

I acknowledge that Performance Health & Fitness has not and will not render any medical services including medical diagnosis of my physical condition.

In consideration of being permitted by Performance Health & Fitness to participate its training program and to use its facilities, I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrators and/or guardian of my son/my daughter/my ward specifically agree that Performance Health & Fitness, its officers, employees and agents shall not be liable for any claim, demand, cause of action of any kind whatsoever for, or on account of death, personal injury, property damage or loss of any kind resulting from or related to my use of the facilities or participation in any athletic training, exercise or activity within or outside the club premises, and I agree to hold Performance Health & Fitness harmless from same. I hereby waive any and all claims for any and all injuries I may suffer under any circumstances, including but not limited to those claims arising from the negligence of Performance Health & Fitness, Performance Health & Fitness, its employees, agents, servants, invitees, co-members, contractors, or sub-contractors, employees or otherwise.

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

### Promotional Release

In additional consideration of being permitted by Performance Health & Fitness to participate in its training program and to use its facilities, I hereby permit Performance Health & Fitness to use my child's name, image and likeness for promotional purposes limited to its athletic training programs and facilities. Performance Health & Fitness' promotional mediums include but are not limited to print, radio, video, television and the Internet.

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

## What you can expect to get out of **P.A.S.S. CAMP**

**Performance Therapies, P.C.** has been offering its **PASS Camp** for the last ten years in the Iowa City and Cedar Rapids area, and has trained over 1500 local high school athletes along with numerous junior, collegiate and professional athletes.

The program design is based on the science of performance enhancement and its effectiveness is continuously monitored through our pre and post camp testing of participants. We have utilized a highly accurate electronic testing system with the last 1500 athletes we have trained. This system was used to measure the pre and post camp performance of each athlete in the 10 and 40 yard dash, single and double leg vertical jump, single and double leg long jump, and reaction time. The following is a list of the average results achieved by these athletes following completion of one of our 6-8 week camps:

Test	Change
10 yard dash	.10 sec decrease
40 yard dash	.18 sec decrease
2- leg long jump	2 inch increase
R leg long jump	1 inch increase
L leg long jump	1.2 inch increase
2 leg vertical jump	2.5 inch increase
R leg vertical jump	2.25 inch increase
L leg vertical jump	2 inch increase
1 <sup>st</sup> step reaction	.1 sec decrease

### Cost

The Power Agility Strength & Speed camp will be held at Mid-Prairie High School and will coincide with your training in the strength program. The cost of the camp is \$150 per athlete. Payment can be made by check payable to **Performance Therapies, P.C.** You may also pay by credit card and register online at [www.performance4health.com](http://www.performance4health.com)

### Refund Policy

Once the camp has started no refunds will be made. Prior to the first day of camp a full refund will be given.

### Participant Limitations

Limited to the first 150 fully paid registrants.



### PERFORMANCE THERAPIES, P.C.

#### CORALVILLE LOCATION

3290 Ridgeway Drive, Suite 3  
Coralville, IA 52241  
Phone: 319-665-2630

#### KALONA LOCATION

209 1st Street  
Kalona, IA 52247  
Phone: 319-656-2630  
Fax: 319-656-4409

[www.performance4health.com](http://www.performance4health.com)



# P.A.S.S.

**POWER · AGILITY · STRENGTH · SPEED**

## CAMP 2012

**PASS UP THE  
COMPETITION WITH  
P.A.S.S. CAMP!!!**



Brought to you by:



## What is **P.A.S.S** CAMP All About?

**Power, Agility, Strength** and **Speed** are key physical parameters that allow you to perform at your peak level. In sports, the victor is the



one who can out-manuever their opponent, get to the ball first, and react quickly and powerfully to the game situation. At Performance Therapies P.C.'s **Power, Agility, Strength and Speed Summer Camp** you will train to improve all of these components of your performance. Participants will receive **seventeen training sessions** during their sessions on **Monday, Wednesday and Friday mornings at the Mid-Prairie High School Track**. Areas that will be addressed in the training include: **proper warm-up, flexibility, upper and lower extremity and core muscle strength, balance, foot speed and agility, plyometrics, running technique and speed development**. Each participant will be put through various **physical performance tests** such as the forty-yard dash, vertical jump, etc... both pre and post – camp.

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## Schedule

June 4	Monday 8:00 – 9:30 AM
June 6	Wednesday 8:00 – 9:30 AM
June 8	Friday 8:00 – 9:30 AM
June 11	Monday 8:00 – 9:30 AM
June 13	Wednesday 8:00 – 9:30 AM
June 15	Friday 8:00 – 9:30 AM
June 18	Monday 8:00 – 9:30 AM
June 20	Wednesday 8:00 – 9:30 AM
June 22	Friday 8:00 – 9:30 AM
June 25	Monday 8:00 – 9:30 AM
June 27	Wednesday 8:00 – 9:30 AM
June 29	Friday 8:00 – 9:30 AM
July 2	Monday 8:00 – 9:30 AM
July 4	<b>NO CAMP</b>
July 6	Friday 8:00 – 9:30 AM
July 9	Monday 8:00 – 9:30 AM
July 11	Wednesday 8:00 – 9:30 AM
July 13	Friday 8:00 – 9:30 AM

## A Day at Camp

7:55	Arrive at Camp (Mid-Prairie High School track)
8:00-8:20	Warm-up & Stretching
8:20-8:40	Station 1 Balance/Foot Speed/Agility
8:40-9:00	Station 2 Plyometrics
9:00-9:20	Station 3 Running Technique & Speed
9:20-9:30	Cool-down & Stretching

*"Each off-season I rely on Performance Sport & Speed for all of my physical therapy and performance training needs. The expertise of the staff, and the top notch facilities have played a vital role in my development as an athlete."*

**Nate Kaeding - San Diego Chargers,  
NFL All-Pro 2010**

PERFORMANCE THERAPIES, P.C.

## Registration Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

DOB: \_\_\_\_\_ Grade Fall 2012: \_\_\_\_\_

School: \_\_\_\_\_

Primary Sports: \_\_\_\_\_

Guardian Name: \_\_\_\_\_

Guardian Phone: (\_\_\_\_\_) \_\_\_\_\_

T-Shirt Size: 2XL or larger please add \$4 to payment

S      M      L      XL      2XL      3XL

**\*COMPLETE REGISTRATION FORM ON BACK**

Mail completed registration and \$150.00 registration fee made payable to Performance Therapies, P.C. to:

Performance Therapies, P.C.  
3290 Ridgeway Drive, Suite 3  
Coralville, IA 52241

**You may also register and pay by credit card online at [www.performance4health.com](http://www.performance4health.com)**

Detach here and mail