



Summer 2009 Registration

Athlete's Last Name	First Name	Middle	Date of Birth
Parent's Name		Sport(s)	Gender
Street		City, State	Zip Code
() -	() -	Email Address	
Home Phone		Cell Phone	Relationship
Emergency Contact		Contact's Phone #	

- 1st Session – June 1, 2009 – July 10, 2009
- 2nd Session – July 13, 2009 – August 21, 2009

TIME SLOTS

MON-FRI: 9 AM, 10 AM, 11 AM, 2 PM, 3 PM
 ADULT TIMES: 6 AM, 7 AM

PROGRAMS

PROGRAM	DAYS	COST	✓	PREFERRED TIME SLOT (SEE ABOVE TIMES)		
				1 ST	2 ND	3 RD
3 DAYS	MON, WED, FRI	\$325				
2 DAYS	TUES, THURS	\$215				
ADULT 3 DAY	MON, WED, FRI	\$325				
ADULT 2 DAY	TUES, THURS	\$215				



Sessions will be one hour in length
 Maximum 10 Athletes per time slot
Register early and sign up at a discounted rate (call for details)

Parent/Guardian Signature (for athletes under 18): _____

*No athlete will be allowed to train unless he/she has received a sport screen prior to the start of the program.
 Please call 719-444-0381 to schedule a sport screen with one of our licensed physical therapists.

Max Performance
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 Colorado Springs, CO 80905

719-444-0381
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