

PERFORMANCE ACADEMY

All athletes are welcome!!

DETAILS:

Academy sessions meet

three times a week

for seven weeks, every

Monday, Wednesday and Friday,

June 23rd through August 8th

(no sessions July 4)

TIME SLOTS

One hour sessions starting at **8am**

cost: **\$150.00**

(just \$7.50 per session!)

Sessions are designed to **improve speed, agility and quickness** to prepare athletes for collegiate, high school and middle school sports participation.

Groups will be assigned by age, sport, and gender in order to apply the best training concepts.

Multiple Spokane area locations are available

You will receive notification
BY MAIL IN JUNE
regarding your time slot & location



PREPARE TO BE CHALLENGED, WORK HARD AND LEARN!!

Our seven week summer Performance Academy focuses on individualized functional progressive training to help each athlete reach his or her potential. Athletes will learn dynamic movement patterns and increased body awareness.

We offer a comprehensive approach to:

- **SPEED**
- **AGILITY**
- **POWER**
- **EXPLOSIVENESS**
- **ACCELERATION**

Anna Anderson has been helping athletes achieve their competitive goals in Spokane for the past six years.

NORTH SPOKANE Physical & Sports Therapy specializes in providing up-to-date sports, aquatic and orthopedic rehabilitation and is locally owned.

NORTH SPOKANE Physical & Sports Therapy

203 E. Dalke Ave.

Spokane, WA 99208

Phone: 509.483.8228

Fax : 509.483.8338

Email: PerformanceAA@gmail.com

"Committed to Excellence"

NORTH SPOKANE
Physical & Sports Therapy
presents:

SUMMER 2014 PERFORMANCE ACADEMY

Speed, Agility, Quickness



Director Anna R. Anderson
AT/L MS CSCS PES NASE
Sports Conditioning Specialist

Tel: 509.483.8228



REGISTRATION & RELEASE OF LIABILITY (June 23 - Aug. 8, 2014)

ATHLETE: _____

PHONE: _____

GRADE (Fall 2014): _____

T-shirt size: SM M LG XL 2XL

Sports: _____

Special Requests: _____

PERFORMANCE ACADEMY FEES:

\$150.00

3 sessions/wk for 7 weeks (no sessions July 4th)

Mail registration form & check payable to:

NSP&ST Performance Academy
203 E. Dalke Ave.
Spokane, WA 99208

If you have questions,
please contact Anna by email at:
PerformanceAA@gmail.com

**Camp Refund Policy: Refund decisions for ANY reason
are on a case-by-case basis at the discretion
of NSP&ST and the Performance Academy.**

Please take the time to read and understand the registration policies associated with the Performance Academy (PA) before completing your registration. All confirmed participants are assumed to have read these policies, and furthermore, by registering, all participants agree to follow and abide by these policies in their entirety.

Name of athlete Age Male or Female

Street address, City & Zip

I the undersigned parent/guardian of the above named athlete, give my permission for my athlete to participate in the PA sports conditioning program. It is understood that participation involves an element of risk and a danger of accidents/injuries. Knowing those risks, I hereby release and discharge PA from any and all liability resulting in injury associated with the athletes' participation in the sports conditioning program. In the absence of a parent/guardian(s) signature below, payment of fees and participation in this program shall constitute acceptance of the conditions set forth in this release.

EMERGENCY MEDICAL INFORMATION AND AUTHORIZATION

Father/Guardian Name: _____ **Email:** _____

Best phone #: _____ **2nd best #:** _____

Mother/Guardian Name: _____ **Email:** _____

Best phone #: _____ **2nd best #:** _____

Permission to treat if necessary? Yes ___ No ___

Permission to transport to medical facility? Yes ___ No ___

Medical considerations: _____

To Emergency Medical Personnel:

I, the undersigned parent/guardian of athlete: _____
authorize accompanying personnel of PA to consent in any authorized emergency situation to any medical, surgical, and/or dental examination, in addition to any and all other treatments that may be deemed necessary by medical personnel in the event I am unable to be reached to provide consent. I understand if transportation by ambulance is necessary, I must assume the financial responsibility and I am solely responsible for providing medical insurance, and for providing any payment of all medical treatment expenses for my athlete not covered by insurance. My athlete may be released to accompanying PA personnel following completion of treatment in my absence.

I have read the foregoing information, verify its' accuracy and completeness, and agree to the statements made above.

My signature below includes a release to PA to use my athlete's photo taken during the PA activities in their promotional materials. Yes ___ No ___

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