



Presented by:



EVERETT PHYSICAL THERAPY
SPORTS PERFORMANCE CENTER
AN IRG AFFILIATE

TRAIN LIKE A PRO OFF THE ICE, SO YOU GET BETTER ON THE ICE!

Former Everett Silvertips Star Mitch Love has teamed up with Everett Sports Performance Center to offer this unique opportunity for hockey players to get ready for the next winter season! Take part in this off-ice training program guaranteed to improve these aspects of your game:

- Shot and Passing Power
- Overall Conditioning
- Skating Speed and Power
- Reaction Time
- Injury Prevention
- Balance and Stability
- Multi Directional Agility
- Overall Body Strength

June 20th - July 18th - Monday & Wednesday: 3pm to 4pm

NO TRAINING ON JULY 4TH, 2011

COST: \$99

June 21st through July 14th—Tuesday & Thursday: 8am to 9am

COST: \$99

TEAM DISCOUNTS AVAILABLE—AGES 8 AND UP

Contact us today! Register by phone, visit, or online!
1502 Hewitt Avenue • Everett, WA • 98201
425-512-0671 • WWW.EVERETTPT.COM



Athlete Registration & Release Form
Please fill out COMPLETELY and return to ESPC or Coach!
 * = Required fields

Name*: _____ **Date of Birth*:** _____

Home Address: _____ **Home Telephone*:** _____

City, State, Zip*: _____ **Cellular Telephone:** _____

EMAIL*: _____ **Sport(s)*:** _____

How did you hear about us?* _____

Emergency Contact Person*: _____ **Relation:** _____

Emergency Contact Telephone number(s)*: _____

Physical Data (List & Date occurrence)*

Medications: _____ **Allergies:** _____

In the Last Year - Past Surgeries: _____ **Fractures:** _____

Other Traumas/Illnesses/Conditions: _____

Informed Consent for Exercise Participation

I desire to engage voluntarily in Everett Physical Therapy & Sports Performance Center's exercise program in order to improve my physical fitness. I understand that the activities are designed to place an increasing workload on the cardio-respiratory, skeletal and neuromuscular systems and thereby improve their function. The reaction of the above mentioned systems to our training designs cannot be predicted with complete accuracy. There is a risk of certain changes that may occur during or following our exercise programs. These changes include, but are not limited to, abnormalities of blood pressure, heart rate, increases stress to joints and spine and muscle soreness. I understand that the purpose of this exercise program is to develop and maintain cardio respiratory fitness, body composition, flexibility, muscular strength and endurance. A specific exercise plan will be given to me, based on my goals and/or my doctor's recommendations. Our training programs will include a cardio warm-up, dynamic flexibility, strength/power training, agility, speed, balance and core training. All programs are designed to place an increasing workload on the body in order to improve health, fitness and/or sports performance.

I understand that I am responsible for monitoring my own condition throughout the exercise program and should any unusual symptoms occur, I will stop my participation and inform the staff of the symptoms. In the event that a medical clearance form must be obtained prior to my participation in the exercise program, I agree to consult my physician and obtain written permission from my physician prior to the commencement of any exercise program.

Also, in consideration for being allowed to participate in the exercise program, I agree to assume the risk of such exercise, and further agree to not hold Everett Physical Therapy & Sports Performance Center and its staff members conducting the exercise program responsible for any and all claims, suits, losses or related causes of action for damages, including, but not limited to, such claims that may result from my injury or death, accidental or otherwise, during, or arising in any way from the exercise program.

In signing this form, I affirm that I have read, been informed of, and signed all other necessary documents regarding touring, program trialing, membership, rules and regulations, terms and conditions, and the exercise program itself in their entirety. I also affirm that my questions regarding the exercise program have been answered to my satisfaction. I also understand that the ownership and all affiliated staff hold the right to revoke membership for center misuse and failure to comply with all terms, conditions, rules, and regulations.

Signature of Participant/Guardian: _____ **Date:** _____

OFFICE USE: ADP APF CAMP/TEAM CLINIC TOUR

Online Registration

- 1) Go to **EVERETTPT.COM**, and on the home page click the on the red **"Schedule Now"** button.
- 2) Register your athlete if you have never registered in our system before by filling out the required fields.
- 3) Once registered and signed in, select the **"MLHA Dry Land"** program from the drop down menu.
- 4) Select the first day of your training on the calendar—Monday the 20th to train Monday/Wednesday, or Tuesday the 21st for Tuesday/Thursday. Finalize your Appointment and you will receive a confirmation email. Payment is due the first day of the camp or you may pay over the phone or in person before then.

PLEASE CALL OR CONTACT US WITH ANY QUESTIONS OR CONCERNS. MISSED TRAINING SESSIONS FOR CAMP DATES WILL BE CREDITED IN OUR REGULAR ATHLETE DEVELOPMENT PROGRAM HELD EVERY DAY AT THE SPORTS PERFORMANCE CENTER!