



Care at its Best!
www.performanceptri.com

SPORT CONDITIONING & SPEED SCHOOL REGISTRATION

July 12th - August 19th

Days & Times: Mondays & Thursdays, 8:00 a.m. - 10:00 a.m.

Clinics to be held at:

East Providence High School, 2000 Pawtucket Ave., East Providence, RI

Cost: \$250.00

Make checks payable to: Performance Physical Therapy

To pay by credit card please call 401-726-7100

Return this form to Performance Physical Therapy, 129 School St, Providence, RI 02860

Name: _____ Date of Birth: _____

Age: _____ Home Phone: (____) _____ Cell Phone: (____) _____

Address: _____

E-Mail : _____

Guardian Name: _____ Phone: (____) _____

School/Team: _____ Grade: _____

Sport: _____ Position Playing _____

In Case of Emergency

1. Name: _____ Phone: (____) _____

Relation to Child: _____

2. Name: _____ Phone: (____) _____

Relation to Child: _____

Consent to Participate

The undersigned authorizes _____ to participate in the Performance Physical Therapy Speed School. Participation in any activity may involve injury of some type. I understand that the instructors do not diagnose illness, disease or any other physical/mental disorder.

Acknowledgement of Terms

By signing below, I attest that all information is true and correct and I am aware of the risks of said program. I have read, understood and accept all policies stated above. My signature serves to release Performance Physical Therapy and its employees from all liability for any harm that may be incurred during my son/daughter's involvement in Speed School.

Parent/Guardian Signature: _____ Date: _____