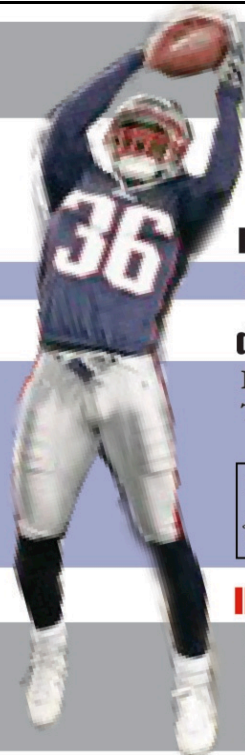


Registration Form



PRACTICE LIKE A PRO

Performance Clinic for boys and girls grades 3-12

with **JAMES SANDERS**
& **ADAM LAKE**

location:
McDermont Field House-Lindsay, CA.



dates & times:
KICK OFF CAMP- July 11th 2-5pm~\$25
Two Week Performance Clinic:
 July 13-24, 6 Classes- Mon., Wed., & Fri.

High School <i>grades 9-12</i> 9:00-10:00a	Jr. High <i>grades 6-8</i> 10:15-11:15a	Junior <i>grades 3-5</i> 11:45-12:30
--------------------------------------------------	-----------------------------------------------	--------------------------------------------

focus:
Athletic Performance
Nutrition Sports Psyche

registration:
To register online, go to
www.AdamLakeFitness.com
OR
Contact Rene Hernandez
with McDermont Field House
(559) 310-4596
www.McDermontFieldHouse.com

IMPACT Players Package
\$75 includes:
1-Kick off Camp~July 11th 2-5pm
2-Free Sports Bag (\$20 value)
3-Two Week Performance Clinic

Conditioning for the on-field demands of any sport is the primary component of physical success. An athlete can be fast, strong, explosive, agile, and flexible, but if he is out-of-shape he will never be an effective player.

Practice Like A PRO is designed to condition each athlete from the ground up emphasizing Performance, Nutrition and Psyche

Complete form and return to Rene Hernandez
 Please Return Bottom Portion and Release Waiver with Payment to
 McDermont Field House: 365 N Sweetbriar Ave. Lindsay CA. 93274-2040

Athlete Name:	Parent/Legal Guardian:
Email:	Phone:
Emergency Name:	Emergency Contact:
Performance Clinic	
Please Circle: IMPACT Players Package \$75 -or- Kick off Camp \$25	
Grade Please Circle: High School grades 9-12 Jr. High grades 6-8 Jr. grades 3-5	

Paid: Cash Check

Please Make Checks Payable to: Adam Lake

GENERAL RELEASE & LIABILITY WAIVER

In conjunction with participation in the Optimal Fitness Conditioning Camp, the undersigned, on his/her behalf or as parent/legal guardian of the participant, acknowledges and understands that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, as well as potential economic losses, which could result from his/her own actions, inactions or negligence; the actions, inactions or negligence of others; the condition of the premises, or the equipment used. I also understand and acknowledge that appropriate and proper physical contact for purposes of teaching a particular movement during the activities is a natural part of the learning process.

In consideration for the opportunity to participate in the programs and activities of Optimal Fitness Conditioning Camp, on his/her own behalf or as parent/legal guardian of the participant, hereby expressly and voluntarily agrees to assume all risks, whether known or unknown, of participation in such activities. The undersigned, on his/her own behalf or as parent/legal guardian of the participant, further agrees not to sue and to hold harmless and forever release, waive, and discharge Optimal Fitness, their respective heirs, administrators, executors, successors, assigns, directors, employees, agents, independent contractors, and advertisers, and, if applicable, the owners, lessors, and lessees of the premises used in conduct such programs and activities, from any and all liabilities, claims, demands, losses, and causes of action that the participant and his/her parents, heirs, executors, administrators, successors, and assigns may have for injuries and damages arising out of participation in the programs and activities of Optimal Fitness Conditioning Camp whether caused, in whole or in part, by the acts, omissions, or negligence of the releases or otherwise. In case of an emergency, I agree on my own behalf or as parent/legal guardian of the participant, that a qualified physician may treat the participant.

I HAVE READ THE ABOVE GENERAL RELEASE AND LIABILITY WAIVER AND UNDERSTAND THAT I FOREVER I WAIVE CERTAIN RIGHTS BY SIGNING IT AND DO SO VOLUNTARILY.

Signature: _____ Print Name: _____ Date: _____

(Check : Parent/Legal Guardian)

Participants name, Last: _____ First: _____