

Agility and Conditioning Camps

Please complete, return and make checks payable to:

Flathead Performance Training
2006 Hospital Way, Whitefish, MT 59937

Name: _____

Parent//Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Home #: _____

DOB (MM/DD/YY): _____ Grade: _____

Male Female Shirt Size: YM YL AS AM AL AXL

Football Soccer Basketball Baseball

Medical Conditions: _____

Medications: _____

Emergency Contact: _____

Contact Phone #: _____

Physician: _____

Phone#: _____

Insurance Company: _____

Policy #: _____

I wish to enroll the above player in the above checked, Flathead Performance Training Center, LLC agility and conditioning camp. I understand that the camp does not assume any responsibility for accidents. All participants are involved at their own risk. I hereby authorize all medical or dental procedures as may be prescribed by a physician or dentist for the above player if I cannot be reached during an emergency. I certify that my son/daughter is physically in good condition and able to participate in all camp activities. All participants are involved at their own risk. Any registration fee paid does not provide insurance. In the event of a participant cancellation prior to 7 days before camp start date, there will be a \$25 service fee charged. No refunds for participant cancellation will be made after 7 days prior to camp start date.

Parent/Guardian Signature: _____

Parent/Guardian Name (Print): _____

Date: _____