

TWIST HIGH PERFORMANCE SOCCER CAMPS 2010 REGISTRATION & INTAKE FORM

Fax, scan and e-mail, or mail completed and signed form to Twist Sport Conditioning Portland • 11015 SW Capitol Hwy, Portland, Oregon USA 97219 • Fax: 503-208-3450 • Email: train@twistportland.com • Register as soon as possible as the number of participants in each group, in each camp, is limited! Questions? Call 503-208-3458 or e-mail train@twistportland.com • **YOUR REGISTRATION AND PAYMENT WILL BE CONFIRMED BY PHONE** • Methods of Payment: Visa, Mastercard, or Check • Thank you!

Player Name _____ Address _____

City _____ State _____ Zip Code _____ Country _____

Home _____ Cell Phone _____ Email _____

Gender _____ Date of Birth _____ Height _____ Weight _____

Emergency Contact 1 _____ Cell Phone _____ Relationship _____

Position _____ Last Years Team/s _____

Allergies/Medications _____

SELECT HIGH PERFORMANCE SOCCER PROGRAM AND AGE GROUP (review camp brochure for details)

4 Week High Performance July 19 – August 13 (pick one of these if you are attending all 4 weeks)

___ College/High School \$599 ___ Junior High (12-13) \$299 ___ Youth (10-11) \$299 **Total** _____

Weekly Camps (Select up to 3 weeks)

College/High \$199 per wk ___ Wk 1:July 19-23 ___ Wk 2:July 26-30 ___ Wk 3:Aug 2-6 ___ Wk 4:Aug 9-13 **Total** _____

Junior High (12-13) \$99 per wk ___ Wk 1:July 19-23 ___ Wk 2:July 26-30 ___ Wk 3:Aug 2-6 ___ Wk 4:Aug 9-13 **Total** _____

Youth (10-11) \$99 per wk ___ Wk 1:July 19-23 ___ Wk 2:July 26-30 ___ Wk 3:Aug 2-6 ___ Wk 4:Aug 9-13 **Total** _____

Grand Total _____

Par-Q - PLEASE check YES or NO for each question below

__Y __N 1. Has a doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor?

__Y __N 2. Do you feel pain in your chest when you do physical activity?

__Y __N 3. In the past month, have you had chest pain when you were doing physical activity?

__Y __N 4. Do you lose your balance because of dizziness or do you ever lose consciousness?

__Y __N 5. Do you have a bone or a joint problem(for example, back, knee, hip) that could be made worse by a change in physical activity?

__Y __N 6. Is your doctor currently prescribing drugs(for example, water pills) for your blood pressure or heart condition?

__Y __N 7. Do you know of any other reason why you should not do physical activity?

CONDITIONS AND WAIVER (PLEASE read the conditions and waiver, sign before submitting)

CONDITIONS: All programs must be paid for in full upon registration. • Cancellation Policy: No refunds within 30 days to the start of your camp. In the event of an accident or injury, athletes must provide a medical statement from their doctor and will be provided a full credit minus a 10% administration fee. All cancellations outside of 30 days to the start of the camp date will be provided a refund minus a 10% administration fee. • TWIST SPORT CONDITIONING CENTER RESERVES THE RIGHT TO CANCEL, RE-GROUP OR RE-SCHEDULE PLAYERS BASED ON ABILITY AND ENROLMENT. • **Thank you for choosing Twist's High Performance Soccer Conditioning Camps!**

WAIVER: I certify that I am cognizant of all of the inherent dangers and risks associated with the participation in these programs. I agree that I shall provide health insurance or other applicable insurance to cover any personal injury or property damage sustained by the applicant while participating in Twist's High Performance Soccer Conditioning Camp, and ensure that the Applicant's training attire is in good working order. In consideration of the Applicant's participation in Twist's High Performance Soccer Conditioning Camps, the applicant agrees that Twist Sport Conditioning Inc., its principals, proprietors, employees, and participants will not be responsible for any accident or loss however caused. I hereby release the above parties from all claims, liabilities or damages that may arise as a result of such accident or loss.

X _____ (participant's signature) Date Signed _____

FOR PARTICIPANTS OF MINORITY AGE (under 18 at time of registration)

This is to certify that I, as a parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

X _____ (parent/guardian's signature) Date Signed _____

