

Summer Athletic Enhancement Program



June 19 - July 28, 2023
(No sessions July 3rd, July 5th)

This 6-week, high intensity, performance enhancement program is overseen and directed by Big Stone Doctors of Physical Therapy, Jenny Schaetz, Maddie Lautt, and Shayla Nygaard, and is designed to increase speed, power, agility, strength, and coordination. Also includes the implementation of weight training and progression tracking!

Monday, Wednesday, ~~Friday~~

Hillsboro Event Center ~ Hillsboro High School

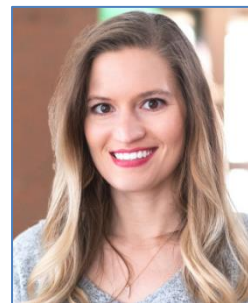
Registration deadline: *Friday, May 26*

Cost: \$250 per athlete

Females Grades 9-12 from 7:30-9:00 AM

Males Grades 9-12 from 7:30-9:00 AM

Combined 7th/8th Grades from 9:00-10:30 AM



If you anticipate an absence during initial testing on June 21, please contact an instructor in advance at 701-636-3217.

Please make checks payable to: Sanford Hillsboro

Mail completed form and payments to:

Sanford Hillsboro Therapy

PO Box 609

Hillsboro ND 58045

SUMMER ATHLETIC ENHANCEMENT PROGRAM – HILLSBORO

Athlete's Name: _____ Age: _____ Male or Female

Grade Fall 2023: _____ Address: _____

Athlete's Phone: _____ Guardian's email: _____

Guardian's signature: _____ Guardian's Phone: _____

Questions? Call: 701-636-3217



RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND PARENTAL CONSENT FORM

In consideration of participation in the ***ELITE PERFORMANCE ATHLETIC ENHANCEMENT PROGRAM***, I represent that I understand the nature of this athletic program and that I and/or my minor child am qualified, in good health, and in proper physical condition to participate in such program. I acknowledge that if I and/or my minor child believe program conditions are unsafe, I and/or my minor child will immediately discontinue participation in the program.

I fully understand the 6-week ***ELITE PERFORMANCE ATHLETIC ENHANCEMENT PROGRAM*** involves risks of serious bodily injury, which may be caused by my own actions, or inactions, those of others participating in the program, the conditions in which the program takes place; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks I and/or my minor child incur as a result of my and/or my minor child's participation in the program.

I hereby consent to not hold Big Stone Therapies, Inc., its respective administrators, employees or instructors and, if applicable, owners and lessors of premises on which the program takes place, responsible for any injuries that may occur during the ***ELITE PERFORMANCE ATHLETIC ENHANCEMENT PROGRAM***.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND PARENTAL CONSENT AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I HAVE SIGNED IT FREELY AND VOLUNTARILY, WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME, AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

I further agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

(please print):

Name of Participant Signature of Participant (if 18 or older)

Signature of Parent/Legal Guardian (if under 18) and Date