

SPEED Program Registration Form

Name: _____ M/F: _____

Address: _____

Phone: _____ Entering Grade: _____

School: _____

Email address: _____

T-shirt size (circle one): S M L XL XXL

Registration fee:

_____ \$130 Eight-week strength and functional
training programs

_____ \$90 Eight-week functional training program

_____ \$75 Early Bird Special if payment received by
June 1, 2010.

Consent Form

I give permission for my child

_____,
to participate in Agnesian HealthCare's Sports, Spine &
Work Center's SPEED Program. I authorize the Sports,
Spine & Work Center staff to act according to their best
judgment in any emergency requiring medical attention. I
hereby waive and release the Sports, Spine & Work Center
staff from any and all liability and cost associated with
the program. I further understand that I, or my medi-
cal insurance carrier will be responsible for any expenses
arising from said emergency treatment. I also give the
licensed athletic trainer on-site permission to evaluate and
recommend treatment for any minor injury which may
occur during the program. Participants will be expected to
follow rules and instructions from staff.

In case of emergency please contact:

Name: _____

Relationship: _____

Phone: _____

Parent/guardian signature: _____

Date: _____

Please complete other side.

Agnesian HealthCare Photograph Release Form

Subject: _____

I, the undersigned, hereby authorize Agnesian HealthCare, its employees, medical staff, consultants and designated representatives to photograph/videotape/record athletic statistics of my son/daughter.

I understand that the photographs/videotape/recorded athletic statistics taken of my son/daughter may be used in a news article or feature story, published in a newspaper, newsletter, magazine, website or other public medium.

This authorization shall act to expressly release Agnesian HealthCare, its members, employees, medical staff, consultants and assigns from liability related to any and all claims, demands and causes of action connected with publication of said photographs.

Parent/guardian signature: _____

Relationship to subject: _____

Date: _____

*Send registration form and check made out to:
Sports, Spine & Work Center, 421 Camelot Drive,
Fond du Lac, WI 54935*

http://www.agnesian.com/sports_spine_work_center.html