

**GIRLS SPEED AND AGILITY CLINICS**

**WITH AMY HEBEN**

**-Bachelors in Science Degree, Major: Exercise Science, Minor: Nutrition**

**-Exercise Physiologist through American College of Sports and Medicine**

**THURSDAYS, DECEMBER 8TH & 15TH**

**6-8 PM**

**$60/GIRL**

**NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AGE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT/GUARDIAN NAMES:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMERGENCY CONTACT NAME/PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RELEVANT MEDICAL CONDITIONS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FORMS MAY BE MAILED TO PLAY BALL SPORTS, 1830 OAKLAND AVENUE, SUITE 125, INDIANA, PA 15701 OR FAXED TO 724-801-8093. REGISTRATIONS CAN ALSO BE TAKEN BY PHONE DURING BUSINESS HOURS AT 724-801-8036. CHECKS CAN BE MADE OUT TO PLAY BALL SPORTS. CREDIT CARD PAYMENTS ACCEPTED IN PERSON ONLY. NO REFUNDS WILL BE GIVEN BACK FOR MISSED CLINIC SESSIONS.**

**I AGREE AS PARENT/GUARDIAN OF THE ABOVE NAMED INDIVIDUAL TO GIVE PERMISSION FOR HER TO PARTICIPATE IN THIS PLAY BALL SPORTS CLINIC. I VOLUNTARILY ACCEPT AND ASSUME ALL RISKS INCURRED BY HER WHILE PARTICIPATING IN THIS CLINIC AT PLAY BALL SPORTS AND RELEASE PLAY BALL SPORTS, LLC AND ITS EMPLOYEES OF ANY AND ALL LIABILITY.**

**PARENT/GUARDIAN SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**