

**Speed Pursuit**

**Summer 2013 Clinic**

Held at Macclesfield in Lower Makefield

**June 3rd, 2013 - August 15th, 2013**

**Circle Session: 1 2 3 4 5 6**

**Adult Shirt Sizes: S M L XL**

**City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Speed Pursuit Clinic Registration Form**

**Session 6 Thursday Nights 6/6 - 8/15 5:00pm – 6:00pm**

**Female Athletes (girls only training)**

**Session 5 TuesdayNights 6/4 - 8/6 5:00pm – 6:00pm**

**Athletes Ages 9to 11 (co-ed)**

**Athletes Ages 12 And Up (co-ed)**

**Session 4 Thursday Nights 6/6 - 8/15 6:00pm – 7:00pm**

**Session 3 Wednesday Nights 6/5 - 8/9 6:00pm – 7:00pm**

**Session 2Tuesday Nights6/4 - 8/6 6:00pm – 7:00pm**

**Session 1 Monday Nights6/3 - 8/5 6:00pm – 7:00pm**

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**Sport\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_**

Please have your athlete bring running shoes, a water bottle and cleats (optional).

**REGISTER BY SATURDAY, MAY 11, 2013**

**\*The cost for 10 night sessions is $160.00**

**In case of inclement weather, Speed Pursuit will call one hour in advance. If there is a session cancelled due to weather, we will make every attempt to make up that session. The session make up day is up to the trainer and their discretion.**

I hereby release Speed Pursuit, Lower Makefield Township and its officers from all claims on account of pre-existing injury, re-existing medical condition or any injuries sustained at the Speed Pursuit Clinic. I agree to indemnify Speed Pursuit, Lower Makefield Township and its officials of any claims, which may here after results from such injuries.

I hereby state my son/daughter is physically fit to participate in the Speed Pursuit, Speed, Agility and Quickness Camp.

Parent’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment Information**

**\*Please make check payable to A. Incollingo**

Speed Pursuit\* 74 Liberty Drive\* Langhorne PA, 19047

**Waiver**

**Medical Conditions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Past Injuries\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**