

Next Level sports training

Pine-Richland Field Hockey 2017 Summer Training Program

Focus on Strength, Speed, Agility, and Flexibility

HIGH SCHOOL PROGRAM, Grades 9-12 (Fall)	MIDDLE SCHOOL PROGRAM, Grades 7-8 (Fall)
10 weeks, 28 sessions	10 weeks, 20 sessions
6/5 - 8/11 (Except 7/24 & 7/26 due to team camp)	6/5 - 8/9
Monday, Wednesday, & Friday; 8am - 9am	Monday & Wednesday; 9am - 10am
\$252 for all 10 weeks/28 sessions (\$9/session)	\$180 for all 10 weeks/20 sessions (\$9/session)
\$35 pay by week	\$25 pay by week
\$15 pay by session (7/31 is \$9 since camp week)	\$15 pay by session

Location: Pine-Richland High School Stadium
 Payment Method: Check payable to Brad Spencer
 Mail Form, Waiver & Payment: Brad Spencer, 5833 State Road, Gibsonia, PA 15044

No Refunds or Cancellations

Questions? Contact Coach Brad Spencer 724.584.8566 / BradSpencer72@gmail.com

Athlete Name: _____ Grade (Fall): _____
 Email: _____ Phone Number: _____
 Mailing Address: _____
 Emergency Contact: _____ Emergency Phone: _____

CHECK DATES ATTENDING:

HIGH SCHOOL PLAYERS	MIDDLE SCHOOL PLAYERS
<input type="checkbox"/> 6/5 <input type="checkbox"/> 6/7 <input type="checkbox"/> 6/9	<input type="checkbox"/> 6/5 <input type="checkbox"/> 6/7
<input type="checkbox"/> 6/12 <input type="checkbox"/> 6/14 <input type="checkbox"/> 6/16	<input type="checkbox"/> 6/12 <input type="checkbox"/> 6/14
<input type="checkbox"/> 6/19 <input type="checkbox"/> 6/21 <input type="checkbox"/> 6/23	<input type="checkbox"/> 6/19 <input type="checkbox"/> 6/21
<input type="checkbox"/> 6/26 <input type="checkbox"/> 6/28 <input type="checkbox"/> 6/30	<input type="checkbox"/> 6/26 <input type="checkbox"/> 6/28
<input type="checkbox"/> 7/3 <input type="checkbox"/> 7/5 <input type="checkbox"/> 7/7	<input type="checkbox"/> 7/3 <input type="checkbox"/> 7/5
<input type="checkbox"/> 7/10 <input type="checkbox"/> 7/12 <input type="checkbox"/> 7/14	<input type="checkbox"/> 7/10 <input type="checkbox"/> 7/12
<input type="checkbox"/> 7/17 <input type="checkbox"/> 7/19 <input type="checkbox"/> 7/21	<input type="checkbox"/> 7/17 <input type="checkbox"/> 7/19
<input type="checkbox"/> 7/24 <input type="checkbox"/> 7/26 <input type="checkbox"/> 7/28	<input type="checkbox"/> 7/24 <input type="checkbox"/> 7/26
<input type="checkbox"/> 7/31 <input type="checkbox"/> 8/2 <input type="checkbox"/> 8/4	<input type="checkbox"/> 7/31 <input type="checkbox"/> 8/2
<input type="checkbox"/> 8/7 <input type="checkbox"/> 8/9 <input type="checkbox"/> 8/11	<input type="checkbox"/> 8/7 <input type="checkbox"/> 8/9
Full Program: _____ = \$252	Full Program: _____ = \$180
By Week: Nbr. Weeks: _____ x \$35 = _____	By Week: Nbr. Weeks: _____ x \$25 = _____
By Session: Nbr. Sessions: _____ x \$15 = _____	By Session: Nbr. Sessions: _____ x \$15 = _____
Total: _____	Total: _____

RELEASE AND WAIVER

Liability Release: I, as Athlete (and Parent or Guardian, as applicable) assume full responsibility for the risk of injury, death or property damage or cost that may incur due to my participation hereunder, on the above program and/or in or on the Locations herein. I further agree to release and to hold harmless Next Level, Brad Spencer, and the playing site(s) on whose premises the Athlete will play (the "Locations"), and their respective directors, officers, representatives, members, agents, contractors and employees (collectively "Releasees") from any and all actual and potential, known and unknown, suspected and unsuspected liabilities and damages, whether caused by negligence of the Releasees or otherwise for any claims, cause of action, judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with my participation hereunder, including any claim arising out of or connected with any illness or injury that I may incur or sustain during participation hereunder, and for all activities associated hereunder. I further expressly agree to indemnify and hold harmless Releasees and Releasees' heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by any other persons on the account of damages of any character resulting to me in any way from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss, or costs Releasees may have to pay as a result of any such action, claim, or demand.

Medical Release: I acknowledge and agree that such participation subjects me to the possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I acknowledge that I am assuming the risk of such illness or injury by participating. In the event of such illness or injury, I authorize Releasees to obtain necessary medical treatment for me and hereby release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on my behalf for any illness or injury that may be sustained by participating hereunder and/or with the Team.

I hereby warrant that I have read this Release and Waiver Form in its entirety and fully understand and agree with its contents. I am aware that this Release and Waiver Form releases Next Level and Brad Spencer from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I have signed this document voluntarily and of my own free will. I agree that all obligations assumed and promises made by me shall be binding on my heirs, executors and administrators of our estate.

Signature Athlete: _____ Date: _____

For Parents or Guardians of Player of Minor Age (Under Age 18 at Time of Registration)

This is to certify that I, as parent or guardian with legal responsibility for this Athlete, do consent and agree to this Release and Waiver as provided above, and for myself, my heirs and next of kin. I hereby grant the permission necessary to allow Athlete to participate in the above program, I, in my own behalf and on behalf of the Athlete, hereby warrant that I have read this Release and Waiver Form in its entirety and fully understand its contents. I, in my own behalf and on behalf of the Athlete, am aware that this Release and Waiver Form releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of the Player, have signed this document voluntarily and of my own free will. I, in my own behalf and on behalf of the Athlete, agree that all obligations assumed and promises made by the Athlete shall be binding on me as Parent or Legal Guardian, and our respective heirs, executors and administrators.

Signature of Parent or Legal Guardian: _____ Date: _____

Relationship to Athlete: _____