

F. A. S. T.

Fortanasce Athletic Sports Training Performance Optimization Clinic

Performance training that employs the principles of multi-directional resistance, reaction, sport movement and linear overspeed to create a higher level of sports performance.

Build Speed, Explosiveness and Agility.

2/4/12 - 3/10/12 • 9:00am - 10:00am • \$125 • Saturdays • Temple City High School

Develop dynamic warm-up and stretching techniques.

Improve linear speed and on-field reaction times.

Enhance multi-directional agility.



***Coming soon: F.A.S.T. Athletic Club located within Arroyo Seco
Racquet Club***

F.A.S.T. camps are hosted by Certified Sports Performance Specialists and Certified Athletic Trainers.

Sam Orefice, ATC, CSPS or Nick Drazenovic, MS, ATC, NASM CES, CSPS – 626.446.7027

fast@fortanasce.com • www.fortanasce.com •  Fast Fortanasce

FORTANASCE ATHLETIC SPORTS TRAINING (F.A.S.T.) PERFORMANCE OPTIMIZATION CLINIC

ATHLETE INFORMATION (*REQUIRED INFORMATION*)

*Last name:		*First name:		*Middle name:	
*Street address:			*City:	*State:	*ZIP code:
*Mailing address: (if different from above)			*City:	*State:	*ZIP code:
*Mother home phone: ()		*Mother cell phone: ()		Mother work phone: ()	
*Father home phone: ()		*Father cell phone: ()		Father work phone: ()	
*Gender:	*Age:	*DOB:	*Height/ Weight: /	Primary sport:	
T-Shirt Size: S/ M/ L/ XL/ XXL	T-Shirt Color: BLU/BLK/GRY	Parent home email:		School name:	
*Last known date of physical:		*Primary Physician:		*Primary Physician phone:	
*Medical insurance carrier:			*Medical insurance ID number:		
*List of any medications athlete may be allergic to: _____ _____ _____			*List of any medications athlete is currently taking and reasons: _____ _____ _____		
*Please list any pertinent medical history (injuries, surgeries, illness, etc.): _____ _____ _____					

#1 EMERGENCY CONTACT INFORMATION PARENT/ GUARDIAN (*REQUIRED INFORMATION*)

*Last name		*First name		*Relationship to athlete:	
Street address:			City:	State:	Zip code:
*Home phone: ()		*Cell phone: ()		*Work phone: ()	

#2 EMERGENCY CONTACT INFORMATION PARENT/ GUARDIAN (*REQUIRED INFORMATION*)

*Last name		*First name		*Relationship to athlete:	
Street address:			City:	State:	Zip code:
*Home phone: ()		*Cell phone: ()		*Work phone: ()	

CLINIC INFORMATION: RATES, DATES, TIMES AND LOCATION

Registered athletes will receive a **FREE** F.A.S.T. dri-fit shirt and access to hydration drinks.
All purchases are **NON-REFUNDABLE** after athlete completes one session per package.

<p><u>Clinic Location:</u></p> <p style="text-align: center;">Location: Temple City High School Address: 9501 East Lemon Avenue Temple City</p> <p><u>Instructors:</u></p> <p style="text-align: center;">Sam Orefice, MBA, ATC, CSPS, Nick Drazenovic, MS, ATC, CSPS, NASM CES</p>	<p><u>Clinic dates and times:</u></p> <p style="text-align: center;">Clinic meeting days: Saturdays Clinic start and finish times: 9:00am – 10:00 am Clinic start and finish dates: 2/4/12 – 3/10/12 Drop off site: 9400 block of Emperor Avenue on west side of Temple City High School</p>	<p><u>Payment Destination:</u></p> <p style="text-align: center;">Fortanasce & Associates Physical Therapy 671 West Naomi Avenue Arcadia, CA 91006 P (626) 446 - 7027 F (626) 446 - 4723 fast@fortanasce.com</p>
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*Parent / Guardian Signature:	*Date:
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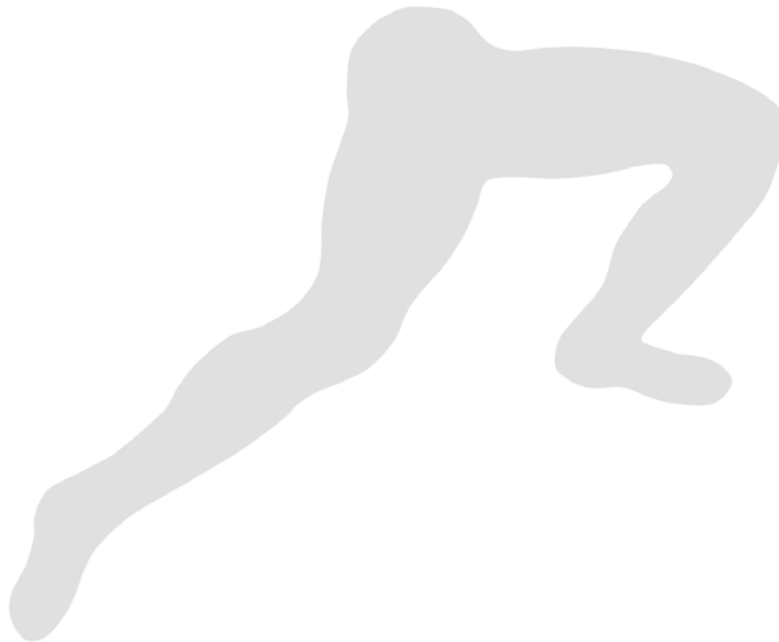
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PAYMENT INFORMATION/ VERIFICATION (*REQUIRED INFORMATION*)

Please return completed registration forms and payment to above listed payment destination on or before Wednesday, February 1, 2012

In addition please send an email to fast@fortanasce.com to confirm your athlete's clinic attendance

<p>Total amount paid: \$ _____</p> <p>Type of payment: Cash / Check / Credit</p>	<p>To make credit card payment please call or fax: Visa / MC / Amex / Discover Exp. Date: _____ _____ - _____ - _____ - _____ Signature of card holder to confirm purchase: _____</p>	<p>F.A.S.T. confirmation: Verified by: _____ Date: _____</p>
<p>*Parent / Guardian Signature:</p>		<p>*Date:</p>



FORTANASCE ATHLETIC SPORTS TRAINING (F.A.S.T.) PERFORMANCE OPTIMIZATION CLINIC

AUTHORIZATION, DISCLAIMER, ASSUMPTION OF RISK AND WAIVER AND CONSENT AGREEMENTS:

Emergency Authorization: I, the undersigned parent or legal guardian of the above named-athlete, a minor (“Athlete”) herby authorizes each of the Certified Sports Performance Specialist and/or Certified Athletic Trainers of Fortanasce & Associates Physical Therapy to act as my agents in the capacity of activity supervisors and I authorize each of them as well as the above-identified Emergency Contact to consent to medical, surgical or dental examination and/ or treatment.

I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, AND THE DISCLAIMER, ASSUMPTION OF RISK AND WAIVER, AND THE ACKNOWLEDGMENT AND CONSENT AGREEMENTS PRINTED ON THE NEXT PAGE, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I AND ATHLETE HAVE GIVEN UP SUBSTANTIALLY RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM FOR MYSELF AND ON BEHALF OF ATHLETE AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT.

I warrant and acknowledge that I am the parent or legal guardian of the player named on the reverse side of this registration, a minor (“Athlete”), and on behalf of myself, Athlete and our heirs assigns and next of kin, I herby enter into the following agreements **IN CONSIDERATIONS OF** Athlete’s being able to participate in any way at practices, drills, or other activities.

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER: I acknowledge that participation in multi-directional resistance, reaction, sport movement and linear overspeed, play in adverse field condition, contact with considerable force, and risk of severe, permanent physical injury including bruises, scrapes, strained, sprained, or torn muscles, tendons, or ligaments, broken bones, dislocations of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death.

I WILLINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS: I willingly and voluntarily agree to comply with the stated and customary terms and conditions for participation and, if Athlete or I observe and concern in Athlete’s readiness for participation in the **EVENTS**, I will remove him/her from participation and bring such concern to the attention to any Fortanasce & Associates Physical Therapy agent.

I HERBY RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS, to the fullest extent permitted by law, Fortanasce and Associates Physical Therapy employees, volunteers, agents, sponsors and other representatives and any and all owners, lessors, lessees, or other persons or entities allowing, permitting or authoring the use of facilities by Fortanasce & Associates Physical Therapy and the agents, employees, officers, and directors, of said persons or entities (“**RELEASEES**”) from any and all claims, demands, costs, expenses an compensations arising out of or any way related to an injury or other damage that may result to said participant or to members of my family or my household or individuals I invite or for whom I am otherwise responsible while participating in or present at any of the **EVENTS, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.**

I further acknowledge and accept that this disclaimer, Assumption of Risk and Waiver is intended to be broad and inclusive as permitted by the laws of the state in which we live and agree that if any portion of this Disclaimer, Assumption of Risk and Waiver is deemed to be invalid, the remainder will continue in full legal force and effect.

ACKNOWLEDGMENT AND CONSENT: For both internal and external use, I acknowledge that Fortanasce & Associates Physical Therapy may compile and use media (photographs and video) of Athlete for business marketing and advertising purposes **ONLY** (promotional flyers, website, etc). I consent to such uses and herby waive all rights to approval and compensation.

PLEASE SIGN BELOW & ON THE SPACE INDICATED ON THE FIRST& SECOND PAGE

*Athlete last name:	*Athlete first name:	*Athlete middle name:
*Parent / Guardian Signature:		*Date: