

Prevea Sports Medicine is offering a Summer Performance Enhancement Program. **STAY IN SHAPE and HAVE FUN** at the same time!

Notre Dame Academy Soccer Boys and Girls • JUNE 3 - JULY 25

Notre Dame Academy Soccer Field

Mondays, Tuesdays and Thursdays (no sessions week of July 1)

Grades 9 - 12

9 to 11 a.m.

The Summer Performance Enhancement Program is only \$65 and includes:

- Strength training program designed to maximize performance
- Emphasis on speed, power and explosive drills
- Unique exercise progressions to make workouts more productive and to decrease recovery time
- Exercise to improve balance, coordination, technique and overall athleticism
- T-shirt

To register, please complete the registration form below (front and back) before May 20 and mail to:

Prevea Sports Medicine

Attn: Max Vermeern

2502 S. Ashland Ave. • Green Bay, WI 54304



Registration Form

Name: _____

Grade in 2019-2020 (circle one): 9 10 11 12

Address: _____

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

City: _____

9 to 11 a.m. Soccer

State: _____ Zip: _____

Home phone: _____

Emergency contact name: _____

Emergency contact phone: _____

Cancellation policy:

You are eligible for a full refund if you formally call and cancel your summer membership anytime prior to the start of your session. There will be no refunds for sessions missed due to vacations, driver education, weather, etc. However, in the event of any injury or an unforeseen circumstance, we will reimburse a pro-rated amount on a case-by-case basis.

Dress code:

To maintain the privacy of the participant and others, the Performance Enhancement Team recommends the use of proper athletic apparel. This includes the use of sports bras under t-shirts, compression shorts under athletic shorts and footwear for both indoor and outdoor sessions.

For more information, call Max Vermeern at (920) 496-4700.



Consent Form

I certify that my child, _____, has been examined by a physician and found to be in good health and able to compete in the Performance Enhancement Program. I understand that it is my duty to inform the instructors if there are activities in which my child is unable to participate.

I hereby authorize the instructors of the Performance Enhancement Program to act on my behalf in accordance with their best judgement in an emergency situation requiring medical attention. I understand that this program is voluntary and, therefore, hereby release the Performance Enhancement Program from any and all claims resulting from any and all injuries my son or daughter may sustain while attending.

Furthermore, I understand that should a concern arise relating to the Performance Enhancement Program, it is my duty to notify Prevea Sports Medicine at (920) 272-3380.

Parent/Guardian Signature: _____ Date: _____

Athlete Signature (18 and over): _____ Date: _____