PAIR & MAROTTA
PHYSICAL THERAPY

Peak Performance Summer Camp

Name of Athlete: _____ Age: _____

Sports Played: _____ T-Shirt Size: _____

Address: _____

_____ Zip Code: _____

Email: _____

Phone Number: _____ Alternate: _____

Emergency Contact (Other than parent/guardian): _____

Phone:_____

Please add me to the roster that meets at (circle group, add team affiliation if applicable)

Peak Performance Senior $280 3-5pm M,T,TH,F

Team affiliation discount (enter team name) - _____

BBA Peak Performance 3-5pm M,T,Th,F (Discount applied at time of registration)

Peak Performance Junior $240 1-2:30pm MWF

Team affiliation discount (enter team name) - _____

Method of Payment (circle one): Cash Check Credit

(If paying by credit, please visit our Truxtun office to make payment)

I agree to hold **Pair & Marotta Physical Therapy** its owners, instructors, trainers, supervisors, physicians or any other person associated with **Pair & Marotta Physical Therapy** free and harmless from any and all loss or liability claims for any loss of property, accident or injury, fatal or otherwise which may result directly or indirectly from my involvement in this training program, brought against them by myself or on my behalf.

☐ I authorize **Pair & Marotta PT** to take and use photographs of me/my child for use in marketing and research purposes only.

_____ _____

Participant Name Date

_____ _____

Parent/Legal Guardian Date

Phone: 661-912-9991

Fax: 661-324-0830