

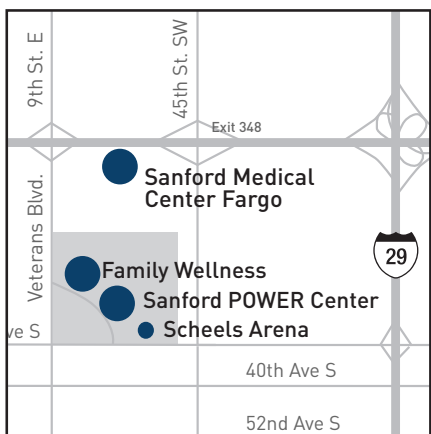


POWER

SANFORD
HEALTH

SOCCER

START.PERFORM.FINISH.



POWER

SANFORD
HEALTH

Sanford **POWER** Center
2990 Seter Parkway, Fargo, ND 58104

(701) 234-8999
sanfordpower.com



#StartPerformFinish



034004-00406 Rev. 3/20

SUMMER **2020**
SOCCER POWER TRAINING CAMP

IMPROVE YOUR PERFORMANCE

At Sanford POWER, we start you on the path to maximum performance. Our team of athletic performance experts uses proven practices and the latest technologies to help an athlete become stronger, faster and more explosive – no matter the sport. You can take the skills you learn at Sanford POWER with you wherever you go- no matter your personal goals. You will finish strong and learn to perform at your maximum ability. From the fundamentals to advanced training methods, our program is designed to make you Be A Better Athlete. Our staff has the knowledge of proper power, strength, agility, and speed development.

SUMMER 2020 POWER TRAINING CAMP:

- **Days:** Tuesday and Thursday
- **Dates:** June 2–July 30, 2020
 - * **No sessions on June 30 and July 2**
- **Duration:** 8-weeks; 16 total training sessions
- **Time:** Noon–1:30 PM
- **Grades:** 7-12
- **Cost:** \$200.00
- **Registration Deadline:** Thursday, May 21, 2020

PLEASE NOTE: For athletes still in school when camp begins, we have scheduled a make-up session on Wednesday, June 3rd at 6 PM. Please make note on registration form that you plan to attend, and we will reach out to you to confirm attendance. Disclaimer: No make-up sessions or refunds; payment must be received or arranged prior to camp participation.

Go to sanfordpower.com for more details.

For more information, call (701) 234-8999.

MAIL REGISTRATION

Sanford POWER
Summer 2020
Soccer
POWER Training Camp
2990 Seter Pkwy., Fargo, ND 58104



Registration Deadline: Thursday, May 21, 2020

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REGISTRATION FORM

Name: _____

Address: _____

Cell Phone: (_____) _____

Home Phone: (_____) _____

Email Address: _____

DOB: ____/____/____ Grade: _____ M/F: ____

School: _____ Shirt Size: _____

Emergency Contact: _____

Emergency Contact Cell Phone #:

(_____) _____

Emergency Contact Work Phone #:

(_____) _____

Sport(s) participating in: _____

Goals: _____

Payment can be made by check or credit card.

Make check payable to: Sanford Health
POWER Center

CREDIT CARD PAYMENT

Card Type _____ Card # _____

Name on Card _____ Exp. Date _____

CONSENT FORM

I hereby consent to having (child's name)

_____ participate in the Sanford POWER Camp. I understand that there are risks involved in participation. I certify that he/she is medically fit to participate in camp training and activities. I agree to release and hold free from liability all camp employees and Sanford for injuries/illness that may occur during or as a result of participation.

Parent/guardian signature

Date