

Caring

GEISINGER
SPORTS
PERFORMANCE



Mon., June 19– Thu., July 27

4 – 5:30 p.m. on Mondays, Tuesdays and Thursdays
Meet at Nelson Field House, Bloomsburg University

Take your game to the next level this summer

Train for more than just speed! Learn how to become a balanced athlete equipped with speed, agility, strength and mobility. Our strength and conditioning specialists will help build on your strengths and address your weaknesses.

Don't just be fast, be an all-around better athlete!

Coordination, mobility, agility, acceleration, deceleration, landing and jumping techniques are just some of the skills we focus on. GSP offers strength and conditioning specialists that are available to come out to your facility for team camps or general group teaching. Customize your sessions to meet your needs.

Smaller group training is also available during the summer at Bloomsburg University

Want this service all year-round, talk to Geisinger Orthopedic Insitutue today about having on your specialists at your school/facility

Cost:

- 9 sessions for \$180
- 12 sessions for \$216
- Unlimited sessions (18 total sessions) for \$270

To register, visit GeisingerSportsMed.com and click on **Speed and Agility Academy**. Registration deadline is Thu., June 9.

For more information or team camp inquiries, call Gina Marotta, Geisinger certified athletic trainer, at **570-214-7125**.

Geisinger Sports Medicine 115 Woodbine Lane Danville, PA 17822

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geisinger.org

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ORTHOPAEDIC INSTITUTE

2017 Geisinger Sports Performance Registration

Athlete's Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Age _____ Male Female

Adult T-shirt size: Small Medium Large X-Large

Parent/Guardian Name _____

Parent/Guardian Contact Phone _____ Alternate Phone _____

Please enroll my child in Geisinger Sports Performance at Bloomsburg University held Monday, June 19 – Thursday, July 27, 2017:

Sessions are held Mondays, Tuesdays and Thursdays from 4 to 5:30 pm at Bloomsburg University.

- 9 sessions \$180
- 12 sessions \$216
- Unlimited sessions (18 total sessions) \$270

All sessions and camps will meet at the front doors of the Nelson Field House located on the campus of Bloomsburg University. Athletes are required to bring their own sneakers, towel and water bottle.

Payment methods:

- Check (Please make checks payable to: **Geisinger Medical Center**)
 - Credit Card Number _____ Expiration Date _____
- Signature _____

For more information, please call Gina Marotta at 570.214.7125 or mail payment, registration and pre-participation evaluation forms to:

Geisinger Sports Medicine
Attn. Gina Marotta
115 Woodbine Lane,
Danville, PA 17822

Waiver: Every participant and their parent/guardian, if the player is under 18 must read this waiver. Signatures on this program agreement and program waiver signify that each person has read, understands and abides by this information. There are risks connected with my/my child's participation in this program, its related activities or in transportation to or from any activity authorized for participation in the program. I release, waive, discharge, indemnify and covenant not to sue Geisinger Medical Center, Geisinger Wyoming Valley Medical Center; program staff, support staff, agents, the sponsoring organization and properties of the organization and their affiliated organizations and sponsors from all action, suits, and demands whatsoever in law or in equity from demand, losses, or damages on account of injury (including death) caused in whole or in part by the negligence of the releasee or otherwise. I also agree that any audio, photography or video of me/my child may be used by Geisinger Medical Center, Geisinger Wyoming Valley Medical Center for any and all purposes deemed necessary by Geisinger Medical Center, Geisinger Wyoming Valley Medical Center without the expectation of payment for the use of you/your child's audio, photographs or video images. I understand that this release and indemnity agreement includes any claims based on negligence, action or inaction of any of the above released parties and covers bodily injury (including death) and property damage, whether suffered by me, or my child in ward, before, during, or after such participation. I declare that I, or my child or ward, and/is physically fit and have/has the skill level required to participate in this program.

Parent/Guardian Signature:

DATE: _____