



AMP PERFORMANCE PROGRAM
Registration Form – Summer 2010 Regular Session

THIS FORM & YOUR DEPOSIT OF \$150 ARE REQUIRED TO RESERVE YOUR SPOT IN THE CLASS
A COPY OF YOUR CURRENT SPORTS PHYSICAL IS REQUIRED FOR PARTICIPATION
FULL PAYMENT IS DUE THE FIRST CLASS

NAME: _____ AGE: _____ GENDER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PREFERRED PHONE: _____

PARENTS/GUARDIANS: _____ WORK/CELL PHONE: _____

ALTERNATE EMERGENCY CONTACT: _____ PHONE: _____

SCHOOL: _____ T-SHIRT SIZE: XXLG XLG LG M S

Sport _____ Coach: _____ MEDICAL CONCERNS (Surgeries, illnesses, injuries, etc):

Sport _____ Coach: _____

Sport _____ Coach: _____

Email: _____

Method of payment for deposit:
 Cash Check Credit Card (Card Number: _____ Expiration Date : _____ Type _____)

Authorized Signature: _____

1st Choice: _____ 2nd Choice: _____

Sessions:	<i>The Heights Fitness Center, 1323 Main St. Suite A</i>		
<i>Session 1:</i>	<i>June 21-July 30</i>	<i>M, W, F</i>	<i>7:00-8:30 am</i>
<i>Session 2:</i>	<i>June 21-July 30</i>	<i>M, W, F</i>	<i>8:30-10:00 am</i>
<i>Session 3:</i>	<i>June 21-July 30</i>	<i>M, W, F</i>	<i>10:00-11:30 am</i>
<i>Session 4:</i>	<i>June 21-July 30</i>	<i>M, W, F</i>	<i>3:30-5:00 pm</i>
<i>Session 5:</i>	<i>June 21-July 30</i>	<i>M, W, F</i>	<i>5:00-6:30 pm</i>

1. Program Overview

The AMP Performance Program is based on the principles of dynamic strength training. The program is extremely demanding lasting six weeks with workout sessions scheduled three times per week. Workouts will include, but are not limited to: plyometric drills, high-speed treadmill sprint workouts, sprint drills, agility drills, reaction drills and strength training. Workouts will be customized to each athlete's ability and primary sport. Supplemental information on sports psychology and nutritional education may be provided. The program is intended for healthy individuals who desire and are committed to increasing their overall performance levels and abilities through hard work and self-discipline.

2. Program Participants and Conduct

The staff of the AMP Performance Program will conduct and supervise the program. They may also utilize the services of other employees and/or consultants as deemed necessary. **The athlete must provide a copy of his/her current pre-participation physical examination to the AMP Performance Program staff before he/she will be allowed to participate in the program.** If the athlete does not have a current physical, he/she should consult a physician for a physical examination. In addition, the athlete should have the necessary desire, in both time and effort, to complete the program. Athletes are expected to attend all program workout sessions. Missed workout sessions will not be made-up nor will the athlete be reimbursed if he/she is unable to attend a scheduled workout session.

Disruptive behavior will not be tolerated. If disruptive behavior occurs, the athlete will be sent home. If the behavior continues, the athlete's parents will be contacted. The athlete's parent or legal guardian (if under the age of 18) must sign this release form in order for him/her to participate in the program.

3. Performance Evaluation

Although the AMP Performance Program cannot and does not guarantee results, the athlete should see a measurable difference in speed, strength, power and vertical jump. Performance results of past participants in the AMP Performance Program (previously known as the Montana Athletic Enhancement Program) should not be used to predict results for current participants.

In order to assist the athlete in the measurements of their abilities, specific tests will be administered during the first and last workout of the session. Tests will include, but are not limited to: vertical jump testing, 10-yard and 40-yard dash testing, agility testing and upper body power testing.

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4. Program Fees

The fee for participation in this mini session of the AMP Performance Program is three hundred dollars (\$300.00). **A minimum down payment of at least (\$150.00) must be paid in advance in order to reserve a place in the program. The remaining balance must be paid on the first day of the program.** If an enrolled athlete becomes injured or ill and is unable to complete the six-week session, enrollment fees will not be refunded. However, if written confirmation of said injury or illness is provided by the athlete's physician, he/she will be allowed to begin the next available and medically appropriate session at no additional charge. This will apply to any athlete who becomes injured or ill prior to the completion of the third week of the six-week session.

5. Disclaimers and Release

All parties involved in the AMP Performance Program, specifically, AMP (Ortho Montana, St. Vincent Healthcare, Yellowstone Surgery Center) and any other employee or consultants utilized in the program, including the athlete and his /her parents and/or legal guardians, acknowledge and agree that there are no promises, warranties, or guarantees that any athlete's performance will improve as a result of this program.

The athlete and his/ her parents and/or legal guardians, expressly include within the scope of this release and waiver all persons, firms, or corporations who are or may be liable to them as joint tortfeasors with respect to the above-described AMP Performance Program, AMP (Ortho Montana, St. Vincent Healthcare, Yellowstone Surgery Center) and any other employees or consultants utilized in the program.

The athlete and his/ her parents and/or legal guardians further understand that injuries occasionally occur during the program. Nevertheless, the participant and his/her parents and/or legal guardians hereby agree to assume those risks and to waive, release and hold harmless all of the persons or entities mentioned above. It is further understood and agreed that this waiver, release and assumption of risk is to be binding upon the athlete and his/ her parents and/or legal guardians' heirs and assignees.

6. Agreement

It is agreed by and between the parties that the foregoing paragraphs numbered 1 through 5 constitute an agreement and contract between the undersigned and is binding upon all of the participants. The undersigned further represent and agree that the foregoing constitutes the entire agreement between the parties.

Dated this _____ day of _____ 20____. By: _____
Athletic Medicine & Performance

Athlete

Parent or Legal Guardian (if athlete is under 18)

*Mail completed application to: AMP
Attn: Jodie
2900 12th Ave N, Suite 100E
Billings, MT 59101*

*Questions?
Please call Adam
@ (406) 853-1480*