

NEED for SPEED

Speed Training & Injury Prevention Program For Middle & High School Athletes



Application

Name: _____

Address: _____

City: _____ State _____

Phone: _____ cell: _____

Date of Birth: _____

Email: _____

SPORTS/TRAINING EXPERIENCE

Sport(s): _____

Years of conditioning experience (circle):

0-1 yr. 2-3 yrs. 4+ yrs.

**Pre-Registration Required
Enrollment limited to 30
Please return this form to
HEALTHWORKS
235 Jim Berry Road, Franklin
with a \$10 Registration Fee
(Checks payable to: HealthWorks)**

Date/Time Information

**Monday, Wednesday, Friday
mornings, beginning June 15th
FHS Track 11:30 – 12:30
6-Week Program**

The Need for Speed Program is not intended to and does not provide medical services. The Need for Speed program is intended to reduce the risk of injuries but cannot guarantee that you will not incur an injury in your sport. With all fitness and athletic activities, including the Need for Speed Program, there is a risk of injury. You agree that the Need for Speed Program and HealthWorks- Physical Therapy Specialists shall not be liable to you or any third party for any direct, indirect, incidental, consequential or punitive damages of any kind that you sustain while enrolled in this program or any time thereafter, including any injury that you sustain in your sport whenever such injury may occur.

I understand the above and certify that my child has had a sports physical within the past year and that such physical cleared him for sports participation.

ATHLETE SIGNATURE DATE

PARENT SIGNATURE DATE
