



**SPORTS PERFORMANCE PROGRAMS
REGISTRATION FORM**

PARTICIPANT'S NAME: _____ **GRADE/AGE:** _____

ADDRESS: _____

CITY: _____ **ZIP CODE:** _____

PHONE NUMBER: _____ **EMAIL:** _____

SCHOOL: _____ (if applies) **ADULT T-SHIRT SIZE:** _____

GENDER: Male Female **HEIGHT:** _____ (needed for exercise ball)

PROGRAMS:

- Get Vertical, Improve Speed and Agility Program / Knee Injury Prevention Program
- 1 Day Golf Clinic
- Golf Performance Program
- Golf Swing Analysis Program
- Team Golf Program (minimum 5 athletes)
- Water Program for Runners – 1x/wk
- Water Program for Runners – 2x/wk
- Football Agility, Speed and Plyometrics Clinic
- Volleyball Vertical Jump Program
- other _____

PREVIOUS INJURIES: Please list any sprains, fractures, dislocations or surgeries of the lower extremity (knee, foot, ankle, leg), upper extremity (shoulder, elbow, wrists) and the back in the past 3 years

MAIL COMPLETED REGISTRATION AND PAYMENT TO:

Summa Wellness Institute
5625 Hudson Dr.
Hudson, OH 44236

REFUND POLICY: It is the policy of Summa Wellness Institute and Summa Center for Sports Health that there will be no refunds issued to programs which a participant has registered for once the class/program has started. The only exception will be with a physician's note due to injury. There will also be a \$25 administrative fee assessed if the cancellation is not made 24 hours in advance of the start of the class/program.