

CONSENT FOR MEDICAL TREATMENT AND CONSENT TO PARTICIPATE

I/We, the undersigned, hereby authorize any first aid, medication, medical treatment, or surgery deemed necessary in case of emergency. As a condition of enrollment, the following Disclaimer of Liability must be signed and dated by the Participant's Parent or Legal Guardian. The Participant, in attending the Optimal Performance Training Camp, shall not hold liable the Belle Fourche, Lead-Deadwood, Spearfish, Sturgis and Crook/Weston County School District facilities, its Athletic Departments and its staff, and the staff of Regional Orthopedics, for any damage arising from personal injury sustained by the Participant during the camp or at any of the School District facilities. The Participant and his or her Parent(s) or Legal Guardian assume full responsibility for any damages or injuries which may occur to the Participant during this camp so hereby fully forever exonerate and discharge, release and hold harmless Belle Fourche, Lead-Deadwood, Spearfish, Sturgis and Crook/Weston County School Districts, Regional Orthopedics, staff, employees, and/or agents, from any and all claims, demands, damages, right of action or causes of action present or future whether the same be known anticipated or unanticipated, resulting from or arising out of the participation in the Optimal Performance Training Camp, and in the use of the facilities.

I/We certify, that to the best of my/our knowledge, the Participant is in good physical health and has no disease or injury or medical condition that would impair performance in activities participated in during this camp.

Participant's Signature Date

Parent/Guardian Signature Date

Medical Insurance Company

Policy/ID# Contact Number

WAIVER OF LIABILITY

By signing my name below, I agree that I can be interviewed, photographed, or filmed by news media or other parties. I also understand and agree that any interviews, photographs, or films can be used by Regional Health and its facilities or other parties in publications such as newspapers, newsletters, magazines, or billboards, or can be broadcast by television, radio, or other electronic media. Regional Health can use interview information, photographs and video for camp promotional purposes for a period of one (1) year.

I understand that I have the right to request that any interviewing, recording, or filming be stopped, and have the right to withdraw my consent for use up until a reasonable time before the recording or film is used. I can also ask Regional Health to stop use of promotional items featuring my image or information at any time.

If I, or my surrogate decision maker, has directly contacted the news media or other parties to do an interview or take photographs without the involvement of Regional Health or its facilities, any such arrangements are between the news media and me. Neither Regional Health nor its facilities are responsible for any such arrangements or liability stemming from them.

I understand there will be no reimbursement or payment from Regional Health or its facilities for any of the activities discussed above.

I hold Regional Health and its facilities free and harmless from any and all liability arising out of any of the activities discussed above.

By signing below, I certify that I have read (or have had read to me) this Waiver, that if I have any questions about it, I have had them answered to my satisfaction, and I fully understand the consequences of signing this Waiver.

OPTC Participant's Name (Print) Date

OPTC Participant's Signature

Parent/Guardian Name (Print) Date

Parent/Guardian Signature (Must sign for minor.)

Please have a third party witness signatures and sign below.

Witness Name (Print) Date

Witness Signature

OPTIMAL PERFORMANCE TRAINING CAMP 2015

Middle School

BELLE FOURCHE

June 1 — July 9

LEAD-DEADWOOD

June 1 — July 9

SPEARFISH

June 8 — July 16

STURGIS

June 1 — July 9

Hosted by:
Regional Orthopedics
2479 East Colorado Boulevard
Spearfish, SD 57783
(605) 644-4460

regionalhealth.com/optc



Helping Patients and Communities Live Well

SESSIONS AND FEES

There is a \$50 nonrefundable deposit due at the time of registration to secure the participant's spot in the camp. Payment is due in full by the start of the camp.

Belle Fourche

June 1 — July 9

Monday, Tuesday & Thursday

Session 1: 8-10 a.m. — Middle School and Incoming Freshmen

Early Registration Fee \$185

After May 8 \$200

Team Pricing Available. Call Shawn Mechling at (605) 490-9882.

Lead-Deadwood

June 1 — July 9

Monday, Tuesday & Thursday

Session 1: 8-10 a.m. — Middle School

Early Registration Fee \$185

After May 8 \$200

Team Pricing Available. Call Stephanie Gallagher at (605) 645-2282.

Spearfish

June 8 — July 16

Monday, Tuesday & Thursday

Session 1: 9-11 a.m. — Middle School

Early Registration Fee \$185

After May 15 \$200

Team Pricing Available. Call Kristy Eastman at (605) 645-9608.

Sturgis

June 1 — July 9

Monday, Tuesday & Thursday

Session 1: 11 a.m.-1 p.m.— Middle School and High School

Early Registration Fee \$185

After May 8 \$200

Team Pricing Available. Call Shawn Mechling at (605) 490-9882.

CAMP PROGRAM

SPACE IS LIMITED, so register early to ensure your spot in the session time you prefer. The camp fee must be paid in full before the start of the first session.

The Youth Optimal Performance Training Camp is a program for middle school student athletes.

Our program focuses on three areas:

- Speed & Agility
- Plyometrics
- Strength Training

Speed & Agility

Speed and agility are by far the most important fitness traits an athlete can develop. These sessions focus on increasing the athlete's quickness, proper footwork, and lower body strengthening. One or two sessions are held each week.

Plyometrics

Plyometrics are explosive movements that convert strength to power. It also increases balance, agility, coordination, lateral and diagonal movements, and helps build lower body strength. One or two sessions are held each week.

Strength Training

Strength training is a vital component for any successful athlete. A lifting schedule consisting of three days per week is developed for each athlete. Our professional staff supervises all strength training sessions to ensure proper mechanics during training.

REGISTRATION

Name_____

Address_____

City_____

State_____ Zip_____

Parent/Guardian Name

Phone_____

Emergency Contact _____

List any medical conditions_____

Grade _____

Shirt Size (please circle one): S M L XL XXL

Please choose a session:

Belle Fourche: June 1 — July 9

___ Session 1: 8-10 a.m.

Lead-Deadwood: June 1 — July 9

___ Session 1: 8-10 a.m.

Spearfish: June 8 — July 16

___ Session 1: 9-11 a.m.

Sturgis: June 1 — July 9

___ Session 1: 11 a.m.-1 p.m.

Make checks payable to Regional Orthopedics and mail to:

Regional Orthopedics
Attn: Kristy Eastman
2479 E. Colorado Blvd
Spearfish, SD 57783