



# Pre-Season Speed and Agility Conditioning Clinic

**DATE:** July 28, 29, 30  
**TIME** 5:30 PM – 7:30 PM  
**LOCATION:** Muldoon Park

**DESCRIPTION:** This voluntary clinic introduces players at every level on how to improve their individual speed, agility, and explosive power for peak performance. The clinic will provide instruction on many drills used at the NFL Combine and by teams at the professional, collegiate, and High School levels that can be done safely and effectively by young athletes. We will also cover fundamental skills involving ball handling and control.

**OBJECTIVES:** This clinic provides these advantages:

- Learn drills that improve speed, agility, and muscular strength/flexibility.
- Learn and practice conditioning drills that will be used by the Razorback organization during the season.
- Improve peak performance and reduce injury risk through conditioning done safely and effectively.

**WHAT TO BRING:**

- Shorts/shirt
- Cleats
- Water bottle

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**To Sign-Up:**

Mail entire form with release to: Thomas Anderson  
19 Pondview Ave.  
Pelham, NH 03076

Childs Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

# Pelham Windham Razorbacks Medical Release

Player: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent or Guardian Authorization:

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

In case of emergency contact:

Name	Phone	Relationship to Player
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Name	Phone	Relationship to Player
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Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Medical Diagnosis:

Medication Dosage:

Frequency of Dosage:

Date of last Tetanus Toxoid Booster:

\_\_\_\_\_  
Mr./Mrs./Ms.

\_\_\_\_\_  
Authorized Parent/Guardian Signature

**PELHAM WINDHAM RAZORBACK CONDITIONING CLINIC**

**ACCIDENT WAIVER AND RELEASE OF LIABILITY FOR MINORS**

\_\_\_\_\_  
Print Participants Name

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Print Parent/Legal Guardian's Name

I ensure that \_\_\_\_\_(Participant) is physically and mentally able to participate in all of the Clinic's activities and has been examined by a licensed medical physician within two (2) years prior to attending the Clinic. I understand that the Pelham Windham Razorbacks, their members, directors, officers, volunteers, advisors, representatives, and independent contractors cannot be held responsible in whole or in part for any accidents, illness or injuries resulting in medical or dental expenses incurred from participation in the above mentioned Clinic and it's related programs or activities.

I hereby release each of the above named parties from and against any and all claims, costs, liabilities and injuries incurred while participating in the clinic, or while participating in any activities of or related to the clinic. I agree to assume full and complete responsibility for any and all medical bills arising from the Participant's participation in the activities of the clinic, and hereby agree to indemnify and hold the aforementioned parties harmless from any and all liability associated with participation at the Clinic or in Clinic functions, including all costs and fees incurred by the aforementioned parties.

The undersigned parent/natural guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify the Pelham Windham Razorbacks, and their respective members, directors, officers and volunteers, and sub-contractors from liability, loss, cost, claim or damage of whatever kind and nature which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

By signing this Wavier and Release agreement, I acknowledge that I HAVE READ AND FULLY UNDERSTAND AND AGREE TO ALL OF ITS TERMS AND CONDITIONS, INCLUDING THE PERMISSION TO TREAT AGREEMENT AND OTHER RELATED DOCUMENTS PRESENTED TO ME BY THE PELHAM WINDHAM RAZORBACKS PRIOR TO ENGAGING IN ANY ACTIVITIES AT THE CLINIC. I further state that I have executed this waiver and release voluntarily and with full knowledge of its significance to be binding on me, my heirs, executors, administrators and assigns.

I hereby accept the terms above stated:

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Relationship to Participant

\_\_\_\_\_  
Date