

Office Use Only: _____ date received

____ paid ____ email ____ pass ____ c.f



SPORTS PERFORMANCE TRAINING REGISTRATION FORM

Organization

Last Name, First Name

Address - Number/Street/Apartment No

City

State

Zip Code

Date of Birth (MM-DD-YY)

M/F

Evening Phone #

Grade

____ - ____ - ____ ____ _____ - _____ - _____ ____

Email Address

Choose your program:

- Youth Level Training¹ July 19 - 23
- High School Level Training¹ 1wk 3wks 6wks
 optional weight room² 1wk 3wks 6wks
- College Level Training² 1wk 3wks 6wks
- Florida Hospital Employee Camp¹ July 19 - 23
- Group/Team Training 1wk 3wks 6wks

Training Days: Monday - Friday

- 1 10a-12p @ ESPN Wide World of Sports
- 2 9a-12p @ ESPN Wide World of Sports

Weekly Training Schedule:

- Apr 26-30 May 3-7 May 10-14 May 17-21
- May 24-28 May 30-Jun 4 Jun 7-11 Jun 14-18
- Jun 21-25 Jun 28- Jul 2 July 5-9 July 12-16
- July 19-23 Jul 26-30 Aug 2-6 Aug 9-13
- Aug 16-20 Aug 23-27 Aug 30-Sep 3 Sept 6-10
- Sept 13-17 Sept 20-24

Special Rate, buy two (2) one week sessions,
get the third for free.

Call for Group/Team Rates 407.739.3958

Credit Card:

VISA MasterCard American Express Cash/Check

Credit Card No.

Expiration Date

CVV

(AMEX 4-DIGIT)

____ - ____ _____ _____

Cardholder

Signature: _____

*Billing Address if different from above:

Make Check or Money Order Payable to:

Florida Hospital Celebration Health

Mail all registration forms to:

Florida Hospital Celebration Health
Attn: Sports Medicine
400 Celebration Place
Celebration, FL 34747

Fax: 407-303-4753 Attn: Kevin Costin

ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE
ALL FORMS MUST BE RETURNED BEFORE PARTICIPATION



MINOR REGISTRATION AND RELEASE FORM

Florida Hospital is organizing a Performance Training Program ("Program") that will be conducted at **ESPN's Wide World of Sports complex** from _____ at 9:00a.m.until _____, 2010 at 12:00p.m. All minors over the age of 6 are eligible to participate upon receipt of consent of the minor's parents.

In order to participate, the Registration and Release Form (the "Form") will need to be completed and returned one week before attending the Program to Kevin Costin at Florida Hospital Celebration Health.

REGISTRATION:

Last Name: _____ First Name: _____
Address: _____
City: _____ Zip Code: _____
Sex: _____ Age: _____ Date of Last Medical Exam: _____

Legal Name of Mother: _____
Legal Name of Father: _____

RELEASE:

In consideration of my minor child being permitted to participate in the aforementioned Program, we hereby agree to release Florida Hospital ("Hospital"), its agents, officers, directors and employees from any and all liability, claims, demands, or causes of action whatsoever (including any liability, claim, demand or cause of action that is attributable in whole or in part to the negligence of the Hospital or its officers, directors, employees or agents) arising out of or related to any loss, damage, or injury, including death, that may be sustained by my minor child, or any property of my minor child while participating in or waiting to participate in Program activities. We further agree to indemnify, hold harmless, and defend the Hospital and its officers, employees, directors and agents against all claims, suits, losses, damages and costs, including but not limited to court costs, and reasonable attorney's fees on account of any injury (including death) of my minor child or any property of my minor child arising out of his/her participation in the Program.

This release shall be binding on our respective heirs, next-of-kin, executors, administrators and/or personal representatives and my minor child, including his/her next-of-kin, executors, administrators and/or personal representatives.

For Each Parent identified above:

Date: _____ Signature: _____

Date: _____ Signature: _____

Emergency Contact Name: _____





Emergency Contact Number: _____



Celebration | Kissimmee

DAILY SCHEDULE:	8:30a.m	Registration (First day only for optional weight training)
	9:00a.m	Session begins for optional weight training
	10:00a.m	Session begins for speed training
	12:00p.m	All training session end
	1:00p.m	Dismissal

WHAT: SPORTS PERFORMANCE TRAINING

-  Trained by Tom Shaw
-  Coached by NFL Athletes
-  Professional, Certified Speed & Agility Trainers
-  10:1 Ratio Coaches & Participants

WHERE: ESPN's Wide World of Sports complex
700 S. Victory Way
Kissimmee FL 34747

Possible NFL Players in Camp:

2009 Superbowl Champions: Ike Taylor, James Farrior, Santonio Holmes
2010 Superbowl Champions: Darren Sharper, Will Smith, Charles Grant, and William Gay
Possible others: Tom Brady, Derrick Mason, and Chris Johnson

Professional athletes who have benefited from Coach Tom Shaw's Training:

Tom Brady, Peyton Manning, Donovan McNabb, Devin Hester, James Farrior, Channing Crowder, Warrick Dunn, Derrick Brooks, Greg Jennings, Darren Sharper, Reggie Bush, Deion Sanders, Calvin Johnson, and many more!!



TOM SHAW'S SPEED, POWER, AGILITY, REACTION AND QUICKNESS TRAINING PROGRAM IS THE LEADER IN PERFORMANCE TRAINING

THE LAST 9 SUPERBOWL MVP'S - 113 NFL FIRST ROUND PICKS - 8 NUMBER 1 PICKS



FLORIDA HOSPITAL
Sports Medicine

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CHECK LIST

FOR REGISTRATION

- COMPLETE AND RETURN PERFORMANCE TRAINING REGISTRATION FORM AT LEAST TWO WEEKS PRIOR TO CAMP START DATE VIA FAX OR MAIL

- COMPLETE AND RETURN THESE FORMS BY DAY OF CAMP **
 1. MINOR REGISTRATION AND RELEASE FORM
 2. DWWS WAIVER FORM

FOR PERFORMANCE TRAINING

- BRING SHORTS, SNEAKERS, CLEATS, WATER BOTTLE, AND TOWEL

- KNOW THE TIME AND PLACE FOR TRAINING

- HAVE A RIDE HOME

** All forms must be completed by all participants before participation in program



COACHTOMSHAW.COM

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