



Spirit Boot Camp

Champions are made in the off-season.

- 6 Weeks of intense workouts.
- 5, 10 or 15 pound weights required; or bands.
- Females & males accepted
- \$75 fee

Location: Hartford Public High School,
55 Forest Street, Hartford, CT 06105

Strength &

Conditioning

CT Spirit off Season Strength & Conditioning Clinic

Contact: Marc Williams 860-478-8742 or

Alfy Roby 203-676-9968

CT Spirit

P O Box 897

Hartford, CT 06143





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Hartford, CT 06143

Strength & Conditioning Clinic

Registration Form

Please complete this form and bring it with you to the clinic. There is a \$75 (non-refundable) fee for the clinic payable by cash, check or money order (payable to CT Spirit)

Player Name: _____

Age: _____ Grade: _____

Address (Street): _____

Address (City/State/Zip): _____

Birth Date: _____ Height: _____ Weight: _____

Parent/Guardian Name: _____

Home Phone: _____

Cell: _____

E-mail: _____

WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware that in signing this form and participating, you will be waiving and releasing all claims for injuries you or your child may sustain out of this program.

I, parent or guardian of the above named player, hereby give approval and permission for participation in any and all Connecticut Spirit sports program activities. I hereby grant permission to managing personnel or other Connecticut Spirit representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic should the player become ill or injured while participating in program activities when neither parent nor legal guardian is available to grant such authorization for emergency treatment. I assume all risks and hazards incidental to such participation, and do hereby waive, release, absolve, indemnify and agree to hold harmless Connecticut Spirit, sponsors, supervisors, and participants for any claim arising out of injury to the player. As the parent or guardian of the above named player, do hereby give my approval for her participation in all Connecticut Spirit activities. I understand that Connecticut Spirit may use photographs and video taken during activities to promote its youth sports program. I have read and fully understand the above program details and waive and release all claims.

Parent or Guardian (Print Name): _____

Parent or Guardian (Signature): _____

Relationship: _____ Date: _____

The Connecticut Spirit is a non-profit organization