

RIVER DELL BOYS AND GIRLS LACROSSE TEAM TRAINING

February 9-February 26
Wed at 630pm
Saturday at 1030am

February 28-March 12
Monday 630pm
Saturday 1030am

10 Sessions
\$75

(RIVER DELL LACROSSE HAS
PAID FOR HALF THE COST)

**Professional Speed and Agility Training Will
Take Your Team to the Next Level!**



Team programs are tailored to each team's specific needs and can be conducted for teams of all sizes, ages, and levels of ability.

The **River Dell Boys and Girls Lacrosse Team Training Program** is designed to:

- Improve **Quickness** and **Dodging Ability**
- IMPROVE **SHOOTING SPEED**
- Become More **Explosive**
- Increase **Power** and **Acceleration**
- Improve **Top Speed**
- Learn Proper **Deceleration Methods** which are proven to **Increase Performance** and **Decrease Chance of Injury**
- Learn How to **Minimize False Steps**

***Include Health and
Nutrition Plan for Optimal
Recovery and Performance**

Athlete's Name: _____

Parent's Name: _____

Program: River Dell Boys and Girls Lacrosse

Start Date: _____

Payment Method: _____

Check/CC #: _____

**Checks Payable to:
Parisi Speed School**

Exp. Date: _____

Name as appears on Card: _____

Amount Paid: _____

Signature: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Athlete's DOB: _____ Athlete's Age: _____ Grade: _____

In consideration of acceptance of my child in the Athletic Training Program outlined above, I hereby for myself, my child, their heirs, executors and administrators waive and release any claim we may have for damages against: IAP, LLC; Parisi IAP; Parisi Sports, Inc.; Parisi School of Speed, Strength and Power; their officials, officers, employees or representatives; or their successors, for any and all injuries that may be suffered by my child while or as a result of participating in the above said program. I certify that my child has been checked by a licensed medical doctor within the last year and is in good health. I also certify that Parisi Inc. makes no guarantees that the athlete participating in this program will never get injured.

I agree that my athlete is only entitled to the training sessions specified by Parisi Inc. for the Speed Camp. I am also aware that my athlete is not entitled to a refund unless he a doctors states in writing that my athlete can not take part in the Athletic Training Program specified.

I certify that I am the Parent /Guardian the above mentioned athlete and am over 18 years old and agree to the conditions specified above

Signature: _____ Date: _____

Please Send Form & Payment to: Alan Geissel or Jen Hardie