



Vermillion *POWER*

Summer Satellite Program

Program goals & objectives:

- Speed Training
- Agility Training
- Plyometric Training
- Strength Training

Program location

Vermillion High School- Gymnasium, Weight Room & Track

Session times:

8 a.m.

*10 a.m.

(Athletes per session: Minimum, 8 | Maximum, 24)

**USD Strength & Conditioning certified coach present for lifting sessions each week.*

Dates & Days:

June 4-July 26, 2018, Monday–Thursday

(Registration Deadline: June 1, 2018. Please contact Amy Richardson if your registration will be delayed.)

Fee: \$150

POWER Program facilitated by Amy Richardson, ATC, Ryan Molencamp, PT and USD Strength & Conditioning. For more information, call Amy Richardson at 605.677.9766.



POWER
SANFORD
HEALTH

Name: _____ Phone: _____ Age: _____ Sex: M F
(Please Circle)
Address: _____ City: _____ State: _____ Zip: _____

Session Time:
_____ 8–10 a.m. _____ 10 a.m. – Noon

T-Shirt Size: S M L XL XXL (Please circle size)

*Fee: ___POWER \$150 Mail or drop off: Sanford Vermillion Sports Medicine, Amy Richardson
20 S Plum Street, Vermillion, SD 57069

or turn in registration form to the Vermillion High School office.

*Program scholarships available based on need. Contact Amy Richardson for information.

Signature of participant, parent or guardian (if under 18) _____ Date: _____

HEALTH QUESTIONNAIRE

1. School/Occupation: _____

2. Sport/Interests: _____

3. Position(s) Played in Sport: _____

4. Birthdate: ____/____/____ 5. Height: _____ 6. Weight: _____

7. Clinic: _____ Phone #: _____

8. Doctor: _____

9. Have you ever been diagnosed with any of the following?

- | | | |
|---|---|--|
| <input type="checkbox"/> Coronary Heart Disease | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Rheumatic Heart Disease |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Congenital Heart Disease | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Heart Murmurs | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Seizures | <input type="checkbox"/> Angina |
| <input type="checkbox"/> Other, please explain: _____ | | |

10. Do you have any of the following?

- Back Pain
 Joint, tendon, or muscular pain
 Lung disease (asthma, emphysema, other)

Please explain: _____

11. Have you experienced chest pain due to physical activity? Yes No

12. Have you experienced chest pain within the last month? Yes No

13. Have you lost consciousness or fallen due to dizziness? Yes No

14. Are you under a doctor's supervision for any illness or physical condition that may affect your ability to exercise?

_____ Yes _____ No

Condition: _____

15. Are you pregnant? _____ Yes _____ No

16. Please list any medications you take on a regular basis: _____

Waiver/Consent Statement:

Consent Form: I hereby consent to having myself or my child participate in the POWER program. I understand that there are risks involved in such participation and that it is the responsibility of each participant to engage in only those activities for which he/she has the necessary preparation or skill. I relinquish Sanford Vermillion and Vermillion School district from all liability. I certify that I or my child is medically fit to participate in this program and hereby authorize the staff to act for me in an emergency requiring medical attention for myself or my child, according to their best judgment. If my child/active adult has a pre-existing injury or medical condition, a written clearance from our physician is required before I or my child can participate.

Parent's or Guardian's Signature (if under 18): _____

Home Phone: _____ Work Phone: _____

Athlete's Signature: _____

Registration deadline: June 1, 2018. Please contact Amy Richardson (cell: (605) 677-9766) if your registration will be delayed.