



# College Prep Performance Training

## FootHolde Mail-in Registration Form 2009



Summary: FootHolde College Prep Performance Training is a 4-week soccer-specific comprehensive fitness program designed to prepare college student athletes for their upcoming seasons. This elite training program will run for 4 weeks, 4 days per week, and 90 minutes per training session. Athletes will improve ALL aspects of fitness – most notably speed, agility, strength, explosiveness, and cardiovascular endurance.

The first 16 registrations will be accepted.

When: Monday-Thursday, July 6 – July 30, 10:30 am-12:00 pm (noon)  
 Times: TBA, 10:30 am-12:00 pm (noon) is tentative; other times TBA  
 Where: Mondays & Wednesdays @ The Fixx Studio, 5022 Xerxes Ave S., Minneapolis, MN, 55410  
 Tuesdays & Thursdays TBD (outdoors, possibly @ Bossen Field or Fort Snelling/Nieman Complex)  
 Cost: \$320 (that's only \$20 per session with a professional and experienced athlete trainer)

FootHolde Performance Training will be run by Todd Stebleton – Certified Personal Trainer, Certified Nutrition Specialist

Player's Name \_\_\_\_\_ DOB \_\_\_\_\_ M or F (circle one)  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_ Phone (H/W) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_  
 Club \_\_\_\_\_ (i.e., MTA) Year in College (starting Sept '09) \_\_\_\_\_  
 Medical Insurance Co \_\_\_\_\_ Phone \_\_\_\_\_  
 Policy Holder \_\_\_\_\_ Policy Number \_\_\_\_\_  
 Player's Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

T-shirt size (circle one):  
 YM YL S M L XL

How did you hear about FootHolde Performance Training? \_\_\_\_\_  
 \_\_\_\_\_

### Waiver of Liability

I, the parent/guardian of the above named player, a minor, agree to abide by the rules of FootHolde, Todd Stebleton, and all other affiliated organizations and/or trainers. Recognizing the possibility to physical injury associated with athlete training, I hereby release, discharge, and/or otherwise indemnify FootHolde, and all other affiliated organizations, the staff coaches and other associated personnel, against any claim by or on behalf of the registrant as a result of the registrants participation in the program and/or being transported to or from the same, which transportation I hereby authorize. I hereby declare that the enrolled applicant is in good health, and, as the parent/legal guardian of a participant in the FootHolde College Prep Performance Training Program, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent. By signing this form I accept all responsibility and assume all costs that may be incurred in the event of an injury or accident.

**Special medical conditions or allergies (circle one):** Y or N  
**If yes, explain:**

**Parent Name(s)** \_\_\_\_\_  
**Emergency Contact and Phone** \_\_\_\_\_  
**Parent's Signature** \_\_\_\_\_  
**Date** \_\_\_\_\_

**Send registration form and payments to:**

FootHolde  
 5516 30<sup>th</sup> Avenue South  
 Minneapolis, MN 55417

*Questions? Email us at  
 info@footholde.com*