



PROFORMANCE CLINIC

in association with the

NILES WEST HIGH SCHOOL
JULY 12, 2009
9:00 a.m. – 1:00 p.m.



FEATURING SPEED AND AGILITY TRAINING BY D1 SPORTS TRAINING

FREE to any athlete ages 15 – 18!!!

LIMITED NUMBER OF SPOTS AVAILABLE! MUST REGISTER TO ATTEND!

All Participants Receive:

- 4 Hours of Action
- Prizing & Awards
- Group Photo with Devin Hester



Speed... Strength... Agility... Explosiveness... every athlete wishes they had more of it. Most athletes do, they just haven't been taught how to maximize their ability and potential. That's where D1 comes in.

D1 specializes in making athletes faster, stronger, more agile and explosive. It's a place where everyone who walks through our doors is trained and treated like an elite athlete. For more information or to locate the D1 facility nearest you, visit www.D1SportsTraining.com.

PROFORMANCE CLINIC REGISTRATION FORM

THIS APPLICATION MUST BE FILLED OUT COMPLETELY. Send completed registration form to: DEVIN HESTER PROFORMANCE CLINIC, c/o ProCamps, 7165 E. Kemper Road, Cincinnati, OH 45249 or fax to (513) 297-7205.

Participant Name _____ Home Phone _____

Address _____ City _____ State _____ Zip Code _____

Grade Entering ____ Birthday (xx/xx/xxxx) _____ Gender _____ School _____

Preferred Doctor (in case of Emergency) _____ Doctor Phone _____

Medical History (allergies, asthma, injuries, etc.) _____

Parent/Guardian Name (first/last) _____

Cell Phone _____ Email Address _____

I, the undersigned, submit that my son or daughter is physically fit to participate in strenuous athletic activity and release the Devin Hester ProFormance Clinic, Niles West High School, ProCamps, Ltd, D1 Sports Training, Devin Hester, and all sponsors from any and all responsibility for injury or illness. I hereby authorize the directors of the camp to act for me according to their best judgment in an emergency requiring medical attention. I understand that I am solely responsible for the payment of any such medical expenses and provide the camp proof of medical and accident insurance. I consent to ProCamps, Ltd, its agents, and photographers taking and/or using photographs of my son/daughter for promotional/marketing purposes.

Parent or Guardian Signature _____ Date _____ Emergency Phone Number _____

A confirmation e-mail/letter will be sent to each participant upon acceptance into the ProFormance Clinic. Specific site information will be included with your confirmation. For additional information, please call 513/793-2267.

Phone: 513.793.CAMP

E-Mail: lpentecost@procamps.com

Fax: 513.297.7205

