

# *William Foley Football*

## **2012 Football Pre-Season Speed and Agility Training**

with Anthony Lambo, MEd, CPT

### **PRINT ALL INFORMATION CLEARLY**

Athlete Name \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_

Parents Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Home Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

**\*PLEASE CUT AND KEEP BOTTOM PORTION OF  
THIS FORM.**

Sessions: 10- 1 hour sessions

Start Date: Sunday, February 26th - April 29th

Schedule: 12:30-1:30pm

Location: **Sports Care**, Franklin St., Nutley

**\* Please use BACK entrance on William St.**

**You may park in Municipal Parking Lot.**

# ATHLETE REGISTRATION FORM

***PLEASE READ CAREFULLY & SIGN BELOW. UNSIGNED  
REGISTRATIONS WILL NOT BE PROCESSED.***

Pre-season Performance Training with Coach Anthony Lambo , as well as Sports Care PT, assumes no liability for injuries or damages arising from the results of participation. Due to the strenuous nature of some activities, the participant is urged to consult his/her physician concerning fitness to participate. All activities present inherent risks and hazards, which the participant and their parent/guardian assume. I hereby approve of my child's participation in this program and consent to emergency treatment for him/her on my behalf. To the best of my knowledge there are no physical or other conditions, which will interfere with my child's participation.

Athlete Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

MedicalHistory \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Complete and mail to: Anthony Lambo**

**278 Broad St. Bloomfield, NJ 07003**

**\*Please pay in full by: February 22<sup>nd</sup>**

**Payment Type:**

**Check # \_\_\_\_\_ / \$100**

**Checks payable to: Anthony Lambo**

**Cash: \$ \_\_\_\_\_ / \$100**