

SMHC Sports Performance Center

# Summer High School TRAINING PROGRAM



**FREE** program for high school athletes in Biddeford.  
First come, first served — with a max of 24 athletes.

## WEEKLY SESSIONS: TUESDAYS & THURSDAYS

June 29 | July 1, 6, 8, 13, 15, 20, 22, 27, 29 | August 3

8, 9 or 10 a.m. | Biddeford High School

11 athletes per time session — see back for time selection

Following the latest CDC/Maine Community Sport Guidelines with safety as our top priority.

### QUESTIONS?

Email: [RUSirois@smhc.org](mailto:RUSirois@smhc.org)

Phone: 207-294-8448

Fax: 207-282-2122

12 Thornton Avenue  
Saco, ME 04072

### CHECK US OUT/UPDATES

Website: [smhc.org/sports](http://smhc.org/sports)

Facebook: [facebook.com/  
SouthernMaineHealthCare](https://facebook.com/SouthernMaineHealthCare)

Twitter: @SPCAthlete

Instagram: @SPCAthlete

### SIGN UP TODAY!

Fill out the registration form and mail, fax or scan it to Rick Sirois.

See Rick's contact information to the left.

Scan, fax or mail completed form to: Rick Sirois MS, LATC, CSCS  
(E) RUSirois@smhc.org | (F) 207-282-2122 | 12 Thornton Ave Saco, ME 04072

### REGISTRATION FORM

Rank choice time preference: \_\_\_\_\_ 8 a.m. \_\_\_\_\_ 9 a.m. \_\_\_\_\_ 10 a.m.  
(write 1 next to your 1st choice of time, 2 next to your 2nd choice, and 3 next to your 3rd choice)

► Once groups are determined an email will be sent to outline specifics.

### ATHLETE'S INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

School: \_\_\_\_\_

Sports: \_\_\_\_\_

Email (for weather updates): \_\_\_\_\_ Phone #: \_\_\_\_\_

### EMERGENCY CONTACT

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relation: \_\_\_\_\_ Email: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

### LIST THE FOLLOWING: (EXPLAIN THOROUGHLY ANY "YES" RESPONSES)

Any medical conditions/injuries currently under treatment that we need to be aware of:

\_\_\_\_\_  
\_\_\_\_\_

Any Medications that could affect exercise tolerance? Please list:

\_\_\_\_\_  
\_\_\_\_\_

Any Asthma or Allergies: \_\_\_\_\_

Do you carry an Epi-Pen: \_\_\_\_\_ Inhaler: \_\_\_\_\_

*A Medical Waiver will be provided upon registration. This will need to be completed to participate in the program.*