

SMHC Sports Performance Center

Summer High School TRAINING PROGRAM



FREE program for high school athletes in Wells.
First come, first served — with a max of 72 athletes.

WEEKLY SESSIONS : TUESDAYS & THURSDAYS

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

7:30, 8:30 or 9:30 a.m. | Wells High School

24 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

Phone: 207-294-8448

Fax: 207-282-2122

12 Thornton Avenue
Saco, ME 04072

CHECK US OUT/UPDATES

Website: 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: _____ 7:30 a.m. _____ 8:30 a.m. _____ 9:30 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.