

S.P.E.E.D. Registration Form

Last Name _____ First Name _____
Address _____ City _____ State _____ Zip _____
Phone # _____ Sport(s) _____
High School _____ E-mail _____
Preferred Site (s) _____ T-Shift Size _____ Age _____

Applicant's Name _____ Has my permission to participate in the 2008 **Tony Reno's S.P.E.E.D. Clinic LLC** conditioning sessions. I/we understand that the aforementioned activity involves, and believe that the aforementioned person is in proper physical condition to participate. I/we assume all risks and hazards incidental to the conduct of the aforementioned activity. I/we do further release and forever discharge **Tony Reno's S.P.E.E.D. Clinic LLC** and their staff members from and against all claims, demands, and actions or cause of actions. In the event of an emergency requiring medical attention beyond first aid, I/we hereby grant permission to a physician or hospital personnel designated by **Tony Reno's S.P.E.E.D. Clinic LLC** and staff to provide medical emergency attention to the aforementioned person including hospitalization. Any expense from injury or illness is the responsibility of the parental insurance company.

Date _____ Name (Parent/Guardian) _____

Signature (Parent/Guardian) _____

PROGRAM COST IS \$160.00
A \$30.00 NON-REFUNDABLE DEPOSIT IS REQUIRED
MAKE CHECK PAYABLE TO: TONY RENO'S S.P.E.E.D. CLINIC

MAILING ADDRESS:

S.P.E.E.D.

14 PRESERVE WAY

STURBRIDGE, MA 01566

CONTACT INFORMATION:

FOR FURTHER INFORMATION PLEASE CALL (508) 347-5040

OR EMAIL US AT: renospeedprogram@gmail.com