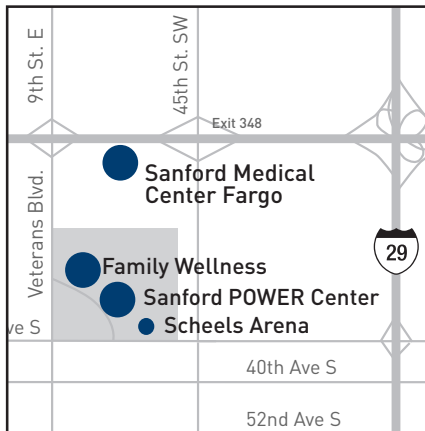




***START.PERFORM.FINISH.***  
#***StartPerformFinish***

**(701) 234-8999**  
**SANFORDPOWER.COM**



***Sanford POWER Center***  
***2990 Seter Parkway***  
***Fargo, ND 58104***



***SUMMER 2018 SOCCER***  
***ADVANCED AND INTERMEDIATE***  
***POWER TRAINING CAMPS***



## IMPROVE YOUR PERFORMANCE

At Sanford POWER, we start you on the path to maximum performance. Our team of athletic performance experts uses proven practices and the latest technologies to help an athlete become stronger, faster and more explosive – no matter the sport. You can take the skills you learn at Sanford POWER with you wherever you go- no matter your personal goals. You will finish strong and learn to perform at your maximum ability. From the fundamentals to advanced training methods, our program is designed to make you Be A Better Athlete. Our staff has the knowledge of proper power, strength, agility, and speed development.

### SUMMER 2018 ADVANCED SOCCER POWER TRAINING CAMP:

- **Days:** Monday, Tuesday, and Thursday
- **Dates:** June 4–August 2, 2018
  - \* **No sessions the week of July 4 (Monday, July 2, Tuesday, July 3 and Thursday, July 5)**
- **Duration:** 8-weeks; 24 total training sessions
- **Time:** 12:30–2 PM
- **Ages:** 15–19 years of age
- **Cost:** \$295.00
- **Registration Deadline:** Friday, May 25, 2018

*Disclaimer: no make-up sessions or refunds.*

### SUMMER 2018 INTERMEDIATE SOCCER POWER TRAINING CAMP:

- **Days:** Monday, Tuesday, and Thursday
- **Dates:** June 4–August 2, 2018
  - \* **No sessions the week of July 4 (Monday, July 2, Tuesday, July 3 and Thursday, July 5)**
- **Duration:** 8-weeks; 24 total training sessions
- **Time:** 4–5 PM
- **Ages:** 12–14 years of age
- **Cost:** \$225.00
- **Registration Deadline:** Friday, May 25, 2018

*Disclaimer: no make-up sessions or refunds.*

**Go to [sanfordpower.com](http://sanfordpower.com) for more details.**

**For more information call:  
Hannah Breske at 701-234-7870 or  
email [Hannah.Breske@SanfordHealth.org](mailto:Hannah.Breske@SanfordHealth.org)**

**Payment can be made by check or credit card.**  
*Make check payable to: Sanford Health – POWER Center.*

## MAIL REGISTRATION

Sanford POWER  
Summer 2018 Advanced  
and Intermediate  
Soccer POWER Training Camp  
Attn: Hannah Breske  
2990 Seter Pkwy., Fargo, ND 58104



**Registration Deadline: Friday, May 25, 2018**

**\* Disclaimer: no make-up sessions or refunds**

### REGISTRATION FORM

(Check One)      Advanced ☐      Intermediate ☐

Name: \_\_\_\_\_

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

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

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

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_      Grade: \_\_\_\_\_      M/F: \_\_\_\_\_

School: \_\_\_\_\_      Shirt Size: \_\_\_\_\_

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

Emergency Contact Cell Phone #:  
(\_\_\_\_\_) \_\_\_\_\_

Emergency Contact Work Phone #:  
(\_\_\_\_\_) \_\_\_\_\_

Sport(s) participating in: \_\_\_\_\_

Goals: \_\_\_\_\_

#### Payment can be made by check or credit card.

Make check payable to: Sanford Health – POWER Center.

### CREDIT CARD PAYMENT

Card Type \_\_\_\_\_ Card # \_\_\_\_\_

Name on Card \_\_\_\_\_ Exp. Date \_\_\_\_\_

### CONSENT FORM

I hereby consent to having (child's name) \_\_\_\_\_

participate in the Sanford POWER Camp. I understand that there are risks involved in participation. I certify that he/she is medically fit to participate in camp training and activities. I agree to release and hold free from liability all camp employees and Sanford for injuries/illness that may occur during or as a result of participation.

Parent/guardian signature \_\_\_\_\_

Date \_\_\_\_\_