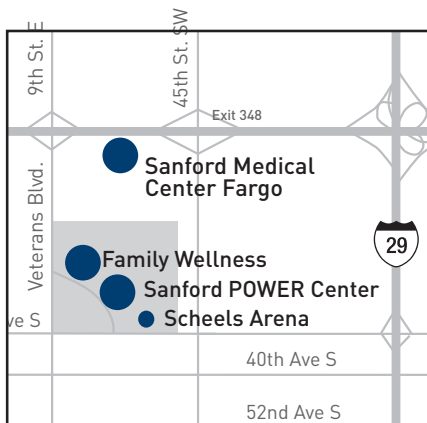


POWER

SANFORD
HEALTH

START.PERFORM.FINISH.
#StartPerformFinish

(701) 234-8999
SANFORDPOWER.COM



Sanford POWER Center
2990 Seter Parkway
Fargo, ND 58104



BE A BETTER ATHLETE

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

POWER
SANFORD
HEALTH

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.**

CAMP TRAINING AND INSTRUCTION ADVANCED SOCCER POWER TRAINING CAMP

- Tuesday 6-7:30 p.m.
- Thursday 6-7:30 p.m.
- Friday 5-6 p.m.

Dates: 1/23/18 – 3/16/18

Ages: 15-18 years of age

Cost: \$275

Registration Deadline: January 12, 2018

For more information call
Ryan Carlson at 234-8999 or email
Ryan.Carlson@sanfordhealth.org.

INTERMEDIATE SOCCER POWER TRAINING CAMP

- Tuesday 7:30-9 p.m.
- Thursday 7:30-9 p.m.
- Friday 5-6 p.m.

Dates: 1/23/18 – 3/16/18

Ages: 12-15 years of age

Cost: \$275

Registration Deadline: January 12, 2018

For more information call
Bryce Schmitt at 234-7876 or email
Bryce.Schmitt@sanfordhealth.org.

Go to **sanfordPOWER.com** for more details.

Disclaimer: No make-up sessions or refunds. Soccer, Payment can be made by check or credit card. Make check payable to: Sanford Health – POWER Center.

MAIL REGISTRATION

Sanford POWER
Attn: Bryce Schmitt
2990 Seter Parkway, Fargo, ND 58104



Deadline for registration: January 12, 2018

Disclaimer: No make-up sessions or refunds.

SOCCER CAMP (CHECK ONE)

Advanced Camp Intermediate Camp

REGISTRATION FORM

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: _____

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