

*Prime Fitness Athletics*  
*Summer Training Programs*

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	<i>Per Session</i>	<i>Total</i>
<b>12 Sessions:</b>	<b>\$30.00</b>	<b>\$360.00</b>
<b>24 Sessions:</b>	<b>\$30.00</b>	<b>\$720.00</b>
<b>36 Sessions</b>	<b>\$30.00</b>	<b>\$1,080.00</b>

**Location: Bishop McNamara High School  
University of Maryland**

- Strength / Conditioning
- Speed / Agility / Balance
- Strength training and speed

**Training is done separately**

**•Registration Form**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ (Fall 08)

Parents Name(s) \_\_\_\_\_

Parents Cell \_\_\_\_\_

E-MAIL \_\_\_\_\_

Emergency Cotact(other than parent):

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

Phone: \_\_\_\_\_

**Athletic Trainer:**

**Andre Hogue**

**240-305-9039**

Training 5 of the Top Ten Players  
In the Country in Football.  
Over 20 College athletes in the  
country.

**Balance due in full for session  
1 Session 2 &3 payment plans  
Can be arranged.**

**Session 1, full payment  
Session 2, two payments  
Session 3, four payments**

I hereby authorize the directors of the Prime Fitness Athletics to act for me in accordance to their best judgment in an emergency requiring medical attention. I hereby waive and release Andre Hogue, Prime fitness Athletics from any liability in case of injury. I know of no mental or physical problems, which may affect my child's ability to safely participate at camp. I have read the rules and regulations of camp and both the camper and I agree to them.