



Saturday Program 2010

Registration/Release Form

This Section must be completed by parent/guardian if athlete is under 18:

I hereby authorize Rehab United Physical Therapy & The Sports Performance Combine (SPC) to act accordingly in their best judgment in any emergency requiring medical attention and I hereby waive and release SPC or its affiliated partners from any and all liability for any injuries and/or illness suffered while at the *Saturday Program* provided by SPC.

_____ Initial here to confirm that you have read and understand the above release instructions.

_____ X _____ Date: _____
(Print Parent Name) (Parent Signature)

_____ X _____ Date: _____
(Print Player Name) (Player Signature)

Last Name _____ First _____ DOB: _____ Age: _____

Address _____

City _____ State _____ Zip _____ Phone _____

E-mail _____ Reprint E-mail _____

Current Club Team (if applicable) _____ T-shirt size: S M L XL

What sports do you play and for whom? _____

**Saturdays 9:15-10:30 am
January 9th – February 27th, 2010
Available at all Three Locations (Please Circle One): Carmel Valley, Grossmont**

_____ Saturday Program (8 Sessions): \$119
_____ 5-Session Package: \$79
_____ Pay per Session: \$20

Coaches – Call 858-279-5570 to ask about group/team pricing

Payment: Check, Credit Card, or Pay Pal (no refunds)

PayPal – Send payment to: jrobinson@rehabunited.com (Please list athlete's name in "Message" box)

Total Due \$ _____ Name as it appears on card: _____ Type: Visa, MC, Discover

Card Number: _____ Exp. Date _____ Security # (on back of card) _____

Billing Address (if different from above): _____

**Make check payable to: Rehab United. Please mail or FAX payment and registration form to the address below:
Rehab United, 3959 Ruffin Rd. Ste F, San Diego, CA 92123 Phone: 858-279-5570 FAX: 858-279-5303
www.RehabUnited.com**