



**Tri-Strength** is a one or two-day-per-week strength training, conditioning, and injury prevention program designed for multi-sport and endurance athletes. This 12-week, in-season program is the ultimate way to meet your performance goals – our sport-specific, functional exercises will increase your swimming, cycling, and running efficiency and provide you with the physical tools to train harder. **Tri-Strength** includes 3-D, dynamic flexibility exercises to prevent injury and decrease knee, back, and shoulder pain. All fitness levels welcome – we promise a killer workout for everyone! Prepare now to make an impact this race season!

**Tri-Strength** is Designed to Increase:

- Muscular Power & Strength
- Muscular Endurance
- Flexibility
- Fitness
- Balance
- Mental Toughness

The **Tri-Strength** Program Includes:

- Weekly Strength/Fitness Workouts
- Pre & Post Testing
- Home Exercise Program
- Rehab United “Tech” T-Shirt (12-sessions+)

**More than just training!** Beyond increasing strength, power, and endurance and preventing injury, our goal is to create an environment to foster new friendships, provide tools for continued success in and beyond multi-sport, and (most importantly) **have fun!**

**Optional Sports Nutrition Program – Properly Fuel for EVERY Workout!**

- Save up to 30% on our nutrition supplements
- For \$25/Block (6 weeks) you receive your choice of one of the following each workout:
  - FRS Healthy Energy Drink (11.5 oz can)
  - Infinit Nutrition – “Run” Sports Drink (single-serving packet)
  - Infinit Nutrition – “Repair” Recovery Drink (single-serving packet)
  - Bonk Breaker Energy Bar

**2010 Dates/Time (Join at any time during each block)**

- Mondays: 6<sup>00</sup>-7<sup>00</sup> PM
- Thursdays: 5<sup>00</sup>-6<sup>00</sup> PM
- Block 1: March 8<sup>th</sup> – April 29<sup>th</sup>
- Block 2: May 3<sup>rd</sup> – June 28<sup>th</sup>

**Location:**

RU Sports Performance Center – Carmel Valley  
3323 Carmel Mtn Rd, Ste 200  
San Diego, CA 92121

*Bryan Hill*

Bryan Hill, PT, FAFS  
CEO, Owner  
RU Sports Performance Center  
bryan@rehabunited.com



**Registration/Release Form**

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

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

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

\_\_\_\_\_ X \_\_\_\_\_ Date: \_\_\_\_\_  
 (Print Name) (Signature)

\_\_\_\_\_ X \_\_\_\_\_ Date: \_\_\_\_\_  
 (Print Parent Name – if under 18) (Parent Signature)

Last Name \_\_\_\_\_ First \_\_\_\_\_ DOB: \_\_\_\_\_

Address \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Reprint E-mail \_\_\_\_\_

**Mondays 6<sup>00</sup>-7<sup>00</sup> PM**  
**Thursdays 5<sup>00</sup>-6<sup>00</sup> PM**  
**Block 1: July 8<sup>th</sup> – August 19<sup>th</sup>**  
**Block 2: August 23<sup>rd</sup> – September 30<sup>th</sup>**

- 1. \_\_\_\_\_ **2 Days/Week (12 weeks):** \$299  
 \_\_\_\_\_ **1 Day/Week (12 weeks):** \$170
- 2. \_\_\_\_\_ **2 Days/Week (6 Weeks):** \$170  
 \_\_\_\_\_ **1 Day/Week (6 Weeks):** \$96
- 3. \_\_\_\_\_ **Pay per Session:** \$20
- 4. \_\_\_\_\_ **Nutrition Package (6 weeks):** \$25

**DISCOUNTS\*\***

\_\_\_\_\_ **TCSD, Military, Students: 10%**  
 \_\_\_\_\_ **RU Team E.X.C.E.L. Members: 15%**

**\*\*With valid ID**  
**\*\*N/A Pay per session, Nutrition**

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

PayPal – Send payment to: [jrobinson@rehabunited.com](mailto:jrobinson@rehabunited.com) (Please list participant'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" - Mail payment and registration form to (or Fax Credit Card Registrations):**  
**Rehab United, 3323 Carmel Mtn Rd, Ste 200, San Diego, CA 92121, P: 858-720-0991 F: 858-720-0992**  
**www.RehabUnited.com**