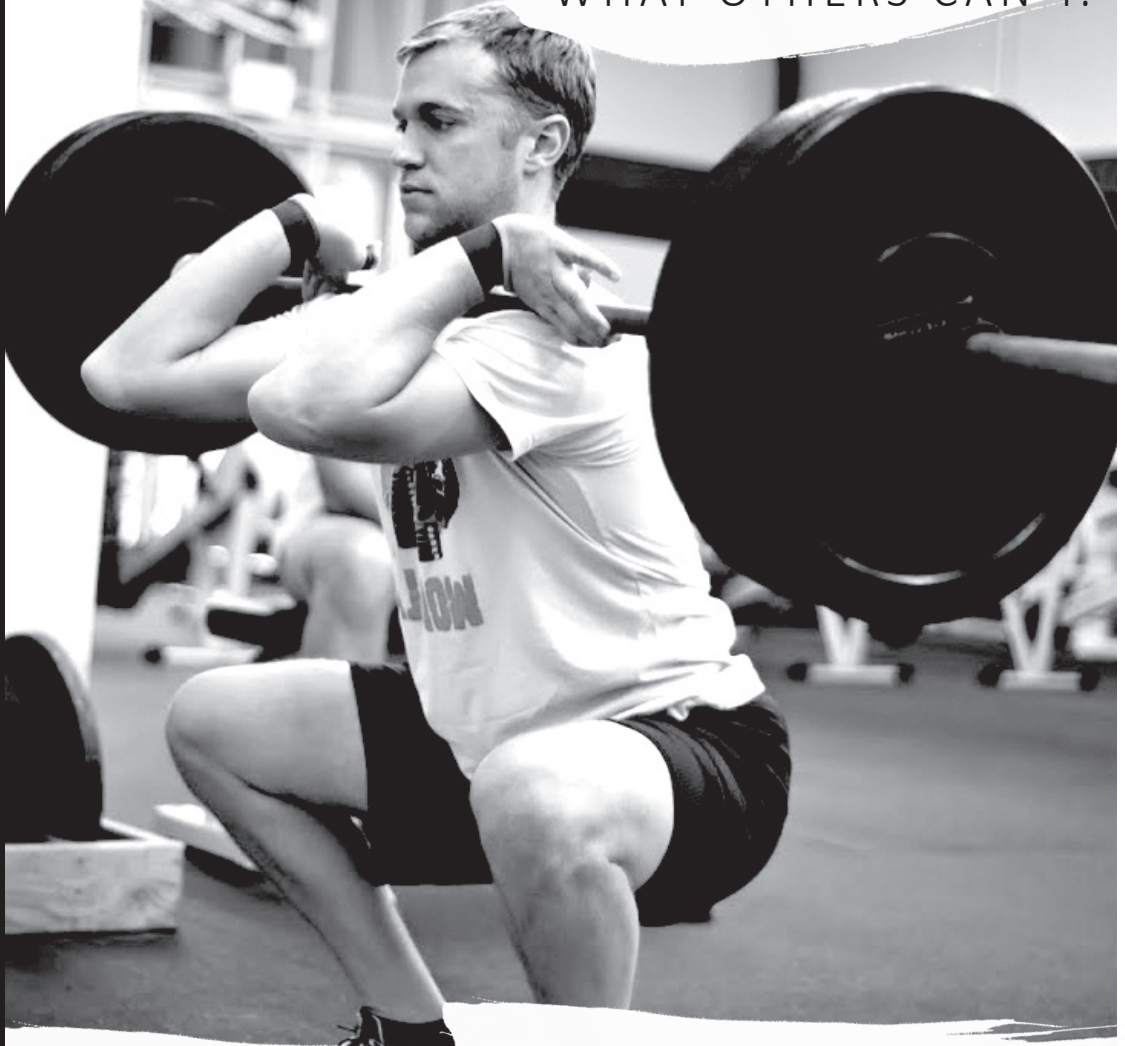


W I N D O M   A R E A   H E A L T H  
**POWER AND ACCELERATION**   P R O G R A M

TODAY I **WILL DO** WHAT OTHERS WON'T,  
SO TOMORROW I **CAN DO**  
WHAT OTHERS CAN'T.



**PROGRAM GOALS & OBJECTIVES:**

- Speed Training
- Agility Training
- Plyometric Training
- Strength Training

**PROGRAM LOCATION:**

Windom Area High School

**REGISTRATION FEE:** \$130

*(Family cap of \$260, includes weight room)*

**REGISTRATION DEADLINE:** June 3

**DATES & DAYS:**

June 10–August 1

Mondays, Tuesdays and Thursdays

*POWER will continue the week of July 4<sup>th</sup>  
due to early school start date in August.*

**SESSION TIME:**

6:25-7:40 a.m. *(9-12 grades preferred)*

7:45-9:00 a.m. *(6-8 grades preferred)*

9:00-10:15 a.m. *(if needed)*

**W**  
**WINDOM**  
**AREA HEALTH**



# WINDOM AREA HEALTH POWER AND ACCELERATION PROGRAM



Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F  
(Please Circle)  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Session Time: (Please rate sessions in order of preference)

\_\_\_\_ 6:25 - 7:40 a.m. (9-12 grades preferred)    \_\_\_\_ 7:45 - 9:00 a.m. (6-8 grades preferred)    \_\_\_\_ 9:00 - 10:15 a.m. (if needed)

T-Shirt Size (**Adult Size Only**): S M L XL XXL (Please Circle)

**Registration Fee: \$130** Mail to: Windom Area Health Rehabilitation Dept., 2150 Hospital Dr, Windom MN, 56101

(Family cap \$260, includes weight room.)\*\* PAYMENT IS DUE PRIOR TO PARTICIPATION UNLESS OTHER PAYMENT ARRANGEMENTS HAVE BEEN MADE.\*\*

Signature of participant, parent or guardian (if under 18) \_\_\_\_\_ Date: \_\_\_\_\_

## HEALTH QUESTIONNAIRE

- School/Occupation: \_\_\_\_\_
- Sport/Interests: \_\_\_\_\_
- Position(s) Played in Sport: \_\_\_\_\_
- Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ 5. Height: \_\_\_\_\_ 6. Weight: \_\_\_\_\_
- Clinic: \_\_\_\_\_ Phone#: \_\_\_\_\_
- Doctor: \_\_\_\_\_
- Have you ever been diagnosed with any of the following?  

____ Coronary Heart Disease	____ Heart Disease	____ Rheumatic Heart Disease
____ Stroke	____ Congenital Heart Disease	____ Epilepsy
____ Heart Murmurs	____ Diabetes	____ Hypertension
____ Cancer	____ Seizures	____ Angina
____ Other, please explain: _____		

10. Do you have any of the following?

- \_\_\_\_ Back Pain  
\_\_\_\_ Joint, tendon, or muscular pain  
\_\_\_\_ Lung disease (asthma, emphysema, other)

Please explain: \_\_\_\_\_

- Have you experienced chest pain due to physical activity? Yes No
- Have you experienced chest pain within the last month? Yes No
- Have you lost consciousness or fallen due to dizziness? Yes No
- Are you under a doctor's supervision for any illness or physical condition that may affect your ability to exercise?  
Yes No  
Condition: \_\_\_\_\_
- Are you pregnant? Yes No
- Please list any medications you take on a regular basis: \_\_\_\_\_

I hereby consent to having my child/active adult participate in the Windom Area Health POWER AND ACCELERATION program. I understand that there are risks involved in such participation and relinquish Windom Area Health and Windom Area Schools from all liability. If my child/active adult has a pre-existing injury or medical condition, a written clearance from our physician is required before my child/active adult can participate. I also give my permission for the free use of my child's name and/or pictures for publicity.

Parent's or Guardian's Signature (if under 18): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Athlete's Signature: \_\_\_\_\_