

## SUMMER 2024 ATHLETIC DEVELOPMENT PROGRAM - APPLICATION

First Name:	Last Name:	
Address:		
City:	State:	Zip:
Gender:	Age:	
School:		Grade in Fall of 2024:
T-Shirt Size		
Email:		
Guardian's Name		
Guardian's Email:		Guardian's Home #:
Guardian's Cell #:		Guardian's Bus. #:
Physician's Name:		
Dr.'s Phone #:		
SUMMER PROGRA	IMS	
PROGRAM	DATES	TIME SLOTS
☐ Strength and Conditioning (Wt. Room + Field)  ☐ Speed, Agility & Quickness (Field Only)	☐ June 24 - 27	Lifting 1: 8am
	☐ July 1, 2, 3, 5	☐ Field 1: 9:30 am
	☐ July 8 - 11	☐ Lifting 2: 11am
	☐ July 15 - 18	☐ Lifting 3: 3:45pm
	☐ July 22 - 25	☐ Field 2: 5:15pm
	☐ July 29, 30, 31, August 1	☐ Lifting 4: 6:45pm
	August 5 - 8	
	☐ August 12 - 15	
	☐ August 19 - 22	*Weeks can be pro rated if athlete

can not attend the full week.



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## PRICING <u>Strength and Conditioning (Wt. Room + Field)</u> Speed, Agility & Quickness (Field only) ☐ 1-3 weeks = \$399 per week ☐ 1-3 weeks = \$499 per week ☐ 4-5 weeks = \$300 per week ☐ 4-5 weeks = \$400 per week ☐ 6-9 weeks = \$250 per week ☐ 6-9 weeks = \$350 per week # of weeks: # of weeks: PAYMENT METHOD ☐ Cash Checks should be made payable to: LIFT Please mail completed applications with payment to: ☐ Check LIFT, PO Box 633, Purchase, NY 10577 ☐ Credit Please charge my credit card: Mastercard\_\_\_\_\_Visa\_\_\_\_ Name on Card: Card #:

As a parent or guardian of the applicant, I hereby accept the conditions of enrollment and give permission for my child to participate in the LIFT Athletic Development Program. I agree to comply with all program regulations, and hereby remove campsite, staff, management, LIFT and SUNY Purchase College and all affiliates from any and all liability for injury or damages incurred while involved in this program. LIFT retains the rights to any photographs or videotapes of the athletes taken during the program to be used for publicity or advertising.

CV Security Code (on back of card):\_\_\_\_\_Exp. Date:\_\_\_\_

Today's Date:\_\_\_\_\_

Parent/Guardian Signature

Signature:\_\_\_\_

Date