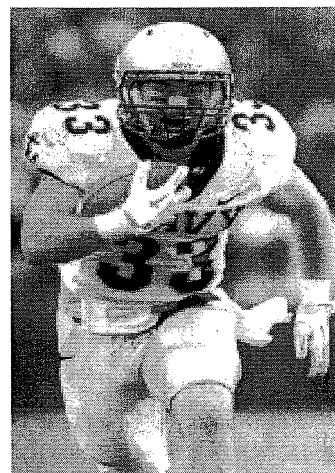




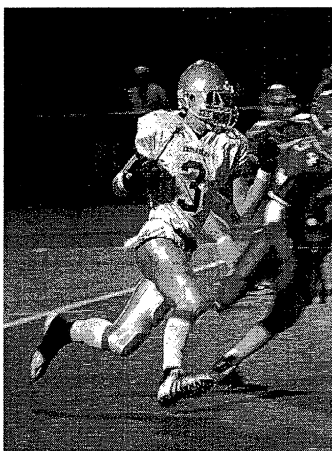
R.C. Lagomarsino
Princeton University



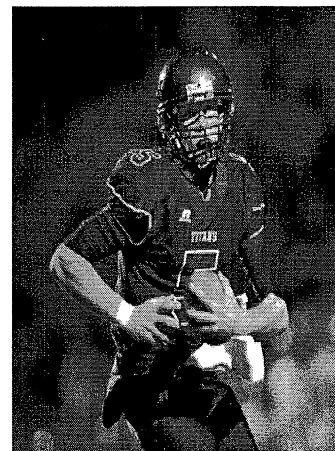
John Howell
US Naval Academy



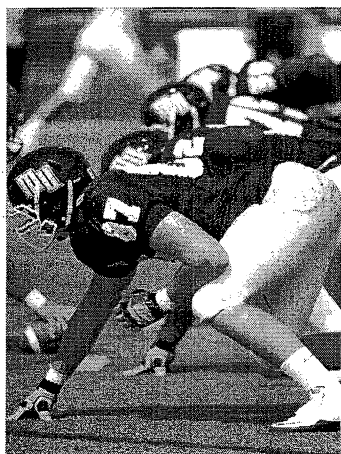
Mario Washington
University of Cal Pa



Matt Pinzka
Ithaca College



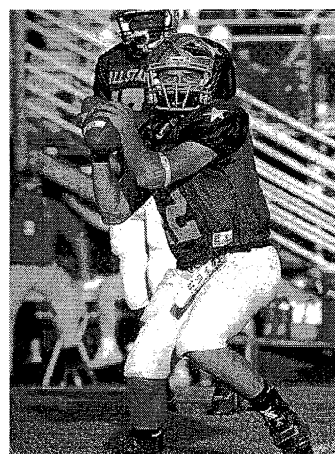
Matt Johns
University of Virginia



Pat O'Hara
Monmouth University



Brian Cottone
Lebanon Valley College



Shane Pinzka
Johns Hopkins University

CAMP INFORMATION

DATES & TIMES:

- Tuesday June 5: 6-7:30pm (BASELINE TESTING)
- Monday June 11: 6-7:30pm
- Thursday June 14: 8-10am
- Monday & Thursdays (June 18 – July 30): 8-10am
- Monday July 30: (POST TESTING)

CAMP DETAILS:

- 8 Weeks; 2 Sessions/Week (16 Total Sessions)
- TESTING CONSISTS OF:
 - 40-Yard
 - Pro-Agility
 - 3-Cone (L-Drill)
 - 60-Yard Shuttle
- COST: \$150/Athlete
- Total payment of \$150 is due on the first day of camp, which includes all training sessions, and camp t-shirt. Be sure to indicate what size shirt you would like on the CONSENT FORM
- Athletes that do not have their payment and consent form will be unable to participate in the camp until both items are submitted
- Place the check/cash along with the consent form in an envelope
- Checks should be made out to "PAUL MALIZIA"

EQUIPMENT:

- TESTING DAYS: (1st & Last Day of Camp) – athletes should bring cleats as well as running shoes because testing will occur on the track as well as on the grass
- EVERY SESSION: athletes should bring cleats, mesh shorts, t-shirts/tank tops, extra socks, towels and PLENTY OF WATER AND SPORTS DRINK (Gatorade, etc.). Hydration begins the NIGHT BEFORE!
- The weather can be extremely hot and humid in the summer and hydration is paramount. Athletes should bring as much water/sports drink as they feel they will need to replenish electrolytes and salts.
- Proper nutrition is also vital prior to coming to camp and should be consumed about an hour or more before camp to provide the necessary energy they will need to last the entire session

CONTACT INFORMATION:

PAUL A. MALIZIA; CEO, PES, NSSF-PT

Integrated Performance Solutions

Tel: (215) 237-5239

E-mail: integratedperformancesolutions@yahoo.com

**INTEGRATED PERFORMANCE SOLUTIONS
(INFORMED CONSENT)**

My participation in this program is voluntary and I may withdraw from the program at any time. The benefits stated with my participation include but are not limited to information regarding my personal state of fitness and the increase of my physiological awareness.

Should I elect to withdraw from the program, due notice will be given to IPS.

I hereby consent and permit Integrated Performance Solutions to use the data obtained in reports, publications, but my identity will not be associated with such data unless express permission to do so has been given.

I understand the testing and the program should not result in physical injury to me. However, I acknowledge the following:

IN THE EVENT OF PHYSICAL INJURY RESULTING FROM THE TESTING, THE PERFORMANCE OF THE PROGRAM, EQUIPMENT USAGE, OR EQUIPMENT TESTING, NO MEDICAL TREATMENT NOR MONETARY COMPENSATION WILL BE PROVIDED BY INTEGRATED PERFORMANCE SOLUTIONS. I MUST CONSULT MY PERSONAL HEALTH INSURANCE POLICY.

I acknowledge the staff of Integrated Performance Solutions understands and relies on all information provided on my medical history before allowing me to participate in any testing and/or program. I certify the information provided on my medical history is to be true and accurate.

(Signature of Participant)

(Date)

(Name: Please Print)

(Street Address)

(Home Phone)

(City, State, Zip)

Minor Consent: I acknowledge that the participant is under the age of 18. I have reviewed the information provided and find it true and correct. I represent that we currently have personal medical insurance and I grant consent for the participant to proceed with the testing and program.

(Signature of Parent or Guardian)

(Date)

PLEASE PUT A ("X") NEXT TO THE T-SHIRT SIZE YOU WOULD LIKE

SMALL: _____

MEDIUM: _____

LARGE: _____

X-LARGE: _____

XXL: _____