

**Performance Enhancement
Camp Registration 2012**

Name: _____

Email: _____

Age: _____ School: _____

Address: _____

_____ Zip: _____

Phone contact: _____

What sports do you play? _____

Emergency Contact Name & Phone:

**June 26 – July 27
Monday – Thursday**

@ University of Rochester

9:00 – 11:00am

Cost: \$150 per athlete

****An informational packet will be sent
upon receiving registration
information****

**** Health Information ****

List any illness, medical conditions and
allergies: _____

List any Medications you take:

*Please make checks payable to Strong
Memorial Hospital*

Please mail to:

**UNIVERSITY SPORTS
MEDICINE**

c/o: Todd Peterson, ATC,PTA,CSCS

4901 Lac De Ville Blvd.

Suite 110, Bldg. D

Rochester, NY 14618

For questions call:

341-9150