



OSU Sports Medicine

SPEED & ATHLETICISM CAMP **OSU Sports Performance** **December 1, 2009 – February 25, 2010**

OSU Sports Performance offers the most comprehensive performance enhancement training in central Ohio. Training sessions for student-athletes seeking to improve their quickness, speed, and overall athleticism are led by experienced, certified strength and conditioning coaches.

SESSIONS

Age-appropriate programs are offered for **Youth, Middle School** and **High School student athletes** in a small group environment to optimize the training and learning experience. This intense program helps athletes to get to the next level and keeps athletes performing their best year round. We offer group training Tuesday and Thursday evenings. Athletes can choose to train once or twice per week.

THE WORKOUT

Athletes are closely supervised as coaches take them through intense 90 minute workouts with a strong emphasis on correct technique. Each athlete follows a progressive training routine where athletes advance to more difficult exercises once they master basic technique. All athletes participating in our comprehensive program will be trained in the following areas:

- Athletic evaluation / movement screening
- Mobility / flexibility
- Linear speed and acceleration
- Deceleration and change of direction
- Stability and balance
- Injury reduction
- Anaerobic conditioning
- Recovery / regeneration

PROGRAM INFORMATION

Location:

The Sports Barn (Easton)
3599 Chiller Lane, Columbus OH
(Just off Morse Road and 270)

Tuition:

2 sessions / week - \$20 / session
1 session / week - \$35 / session

Dates & Times:

December 1, 2009 – February 25, 2010
Tuesday & Thursday 5:30pm-7:00pm

LEARN MORE & SIGN UP

To download a registration form, visit us online at: www.osusportsperformance.com.

For more information email Sports.Performance@osumc.edu or call (614) 293-2422. Limited spots are available, reserve your spot today!

The goal of The OSU Sports Performance staff is to provide the most effective and cutting edge training methods, based on research evidence, in a professional manner. We pride ourselves on creating a positive and focused training environment that produces RESULTS. Our passion is helping athletes maximize their potential and reach their goals.

OSU Sports Performance



Athlete Registration

I. Athlete Information			
Name	Date of Birth	<input type="checkbox"/> Male	<input type="checkbox"/> Female
School	Youth Association		
Primary Sport	Secondary Sports		
Address	City	State	Zip
Email Address	Home Phone		

II. Parent Information	
Name	Cell Phone
Email Address	
Preferred Contact <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email	
Emergency Contact Name	Emergency Phone Number

III. Program Selection			
How did you hear about OSU Sports Performance? <input type="checkbox"/> Website <input type="checkbox"/> Flyer <input type="checkbox"/> Newspaper			
<input type="checkbox"/> Referred by:			
Who is your coach/friend?			
Group Selection <input type="checkbox"/> Youth <input type="checkbox"/> Middle School <input type="checkbox"/> High School			
Number of Sessions <input type="checkbox"/> 2 sessions / week <input type="checkbox"/> 1 session / week			
Payment Method <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard			
Card Number	Expiration	Security Code	Amount
* Family Discount	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Family Member	
** OSU Employee Discount	<input type="checkbox"/> Yes <input type="checkbox"/> No	OSU Department	

* Families registering more than one athlete receive 50% discount on second registration of equal or lesser value. Each family member must register separately.

** OSU Employee Discount: 10%

Checks payable to: OSU Sports Medicine

Mail to: OSU Sports Medicine / Sports Performance
2050 Kenny Road, Suite 3100
Columbus OH 43221

Consent for Sports Performance Program

I _____ acknowledge that I am entering into a training program designed to improve my personal fitness level and sport performance. While this program is affiliated with The Ohio State University Medical Center, it is not considered a medical treatment/procedure nor is there physician oversight of the training sessions. The training will be performed under the supervision of a certified strength coach who specializes in sports performance training.

I understand there is risk involved with this training, including injury to muscles, organs and bones, and I fully assume that risk. I also agree that while my coach may provide me with tools to improve my performance, neither my coach nor The Ohio State University is responsible for any injury that may occur to me while I am training on my own or participating in a sporting event. I also agree that neither The Ohio State University, nor its Board of Trustees, physicians or staff are responsible for any injuries that might occur as a result of my failure to follow the program or by the ingestion of supplements, medications or other legal or illegal performance enhancing substances.

I understand that any fitness evaluation performed by an OSU Sports Medicine Sports Performance employee is not a substitute in any way for a diagnostic evaluation by my physician and is solely used as a means to establish baseline fitness parameters in order to develop my sport specific training program. I agree that I have obtained physician clearance before participating in this training program. I also agree to consult my physician for further evaluation and such medical care as I require or as recommended by the coach.

I understand that nutritional supplements, medications and other legal and illegal performance enhancing substances can have an impact on training and injuries. I agree that I am not taking any supplement, medication or performance enhancing substance that I have not disclosed to my coach.

I have read and understand this form and the program it describes, agree to its terms, and do voluntarily request the right to participate in the training program.

Athlete Name (please print)

Athlete Signature

Date



Consent for OSU Sports Performance Program

I _____ acknowledge that I am allowing my child _____ to enter into a training program designed to improve his/her personal fitness level and sport performance. While this program is affiliated with The Ohio State University Medical Center, it is not considered a medical treatment or procedure nor is there physician oversight of the training sessions. The training will be performed under the supervision of a certified strength coach who specializes in sports performance training.

I understand there is risk involved with this training, including injury to muscles, organs and bones, and I fully assume that risk on behalf of my child. I also agree that while my trainer may provide my child with tools to improve sport performance, neither the coach nor The Ohio State University is responsible for any injury that may occur to my child while training on his/her own or participating in a sporting event. I also agree that neither The Ohio State University, nor its Board of Trustees, physicians or staff, are responsible for any injuries that might occur as a result of my child's failure to follow the program or by the ingestion of supplements, medications or other legal or illegal performance enhancing substances.

I understand that any fitness evaluation performed by an OSU Sports Medicine Sports Performance employee is not a substitute in any way for a diagnostic evaluation by my physician and is solely used as a means to establish baseline fitness parameters in order to develop the sport specific training program. I agree that I have taken my child to his/her physician and obtained clearance for him/her to participate in this training program. I also agree to consult his/her physician for further evaluation and such medical care, as required or as recommended by the coach or athletic trainer.

I understand that nutritional supplements, medications and other legal and illegal performance enhancing substances can have an impact on training and injuries. To the best of my knowledge my child is not taking any supplement, medication or performance enhancing substance that has not been disclosed to the coach.

I have read and understand this form and the program it describes and agree to its terms.

_____ Athlete Name (please print)	_____ Athlete Signature	_____ Date
_____ Parent/Guardian (if under 18 years old)	_____ Parent/Guardian Signature	_____ Date



PAR-Q

Physical Activity Readiness Questionnaire

© Canadian Society for Exercise Physiology

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the boxes below. If you are over 69 years of age and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly. Check YES or NO

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition <u>and</u> that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you are not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of <u>any other reason</u> why you should not do physical activity?

If you answered

YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want - as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

NO to all questions

If you answered NO honestly to all PAR-Q questions you can be reasonably sure that you can:

- Start becoming much more physically active - begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness appraisal - this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.



DELAY BECOMING MUCH MORE ACTIVE

- If you are not feeling well because of a temporary illness such as a cold or a fever wait until you feel better
- If you are or may be pregnant, talk to your doctor before you start becoming more active

PLEASE NOTE: If your health changes so that then you answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

Name: _____ (please print)

Signature: _____

Signature of Parent/Guardian: _____
(for minor children)

Date: _____

Witness: _____