



**TOTAL ATHLETE CONDITIONING**

**SUMMER 2009 PROGRAM REGISTRATION**

*TAC SUMMER TRAINING: June 15-August 7 2009*

*TAC PRESEASON TUNE-UP: August 10-21 2009*

**JON QUICK GOALIE SCHOOL SUMMER 2009**

ATHLETE INFORMATION			
NAME	DOB	GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
PARENT(S) NAME			
ADDRESS	CITY	STATE	ZIP
PHONE	EMAIL		
EMERGENCY CONTACT		EMERGENCY PHONE (if different than above)	
PRIMARY SPORT(S)		LEVEL/TEAM NAME	
PREVIOUS OR CURRENT INJURIES			

**SELECT A PROGRAM AND TIME SLOT**  
*ATHLETES WILL BE GROUPED ACCORDING TO AGE & ABILITY*

<p><b>TAC HIGH SCHOOL (ages 13+)</b> <i>June 15-August 7</i></p> <p><input type="checkbox"/> <b>MON, TUE, THU: 8-10 am</b>  <input type="checkbox"/> WED TRAINING + YOGA: 3:30-5:30pm  <input type="checkbox"/> WED TRAINING + YOGA: 4:30-6:30pm</p> <p><input type="checkbox"/> <b>MON, TUE, THU: 9-11 am</b>  <input type="checkbox"/> WED TRAINING + YOGA: 3:30-5:30pm  <input type="checkbox"/> WED TRAINING + YOGA: 4:30-6:30pm</p> <p><input type="checkbox"/> <b>MON, TUE, THU: 10-12 am</b>  <input type="checkbox"/> WED TRAINING + YOGA: 3:30-5:30pm  <input type="checkbox"/> WED TRAINING + YOGA: 4:30-6:30pm</p> <p><input type="checkbox"/> <b>MON, TUE, THU: 11-1 pm</b>  <input type="checkbox"/> WED TRAINING + YOGA: 3:30-5:30pm  <input type="checkbox"/> WED TRAINING + YOGA: 4:30-6:30pm</p> <p><input type="checkbox"/> <b>MON, TUE, THU: 5:30-7:30 pm</b>  <input type="checkbox"/> WED TRAINING + YOGA: 3:30-5:30pm  <input type="checkbox"/> WED TRAINING + YOGA: 4:30-6:30pm</p> <p><b>Program Cost:</b>  <b>8-weeks=\$800</b>  <b>6-weeks=\$700</b></p>	<p><b>TAC COLLEGE/AMATEUR</b> <i>June 15-August 7</i></p> <p><input type="checkbox"/> <b>MON, TUE, THU: 8-10 am</b>  <input type="checkbox"/> WED TRAINING + YOGA: 3:30-5:30pm  <input type="checkbox"/> WED TRAINING + YOGA: 4:30-6:30pm</p> <p><input type="checkbox"/> <b>MON, TUE, THU: 9-11 am</b>  <input type="checkbox"/> WED TRAINING + YOGA: 3:30-5:30pm  <input type="checkbox"/> WED TRAINING + YOGA: 4:30-6:30pm</p> <p><input type="checkbox"/> <b>MON, TUE, THU: 10-12 am</b>  <input type="checkbox"/> WED TRAINING + YOGA: 3:30-5:30pm  <input type="checkbox"/> WED TRAINING + YOGA: 4:30-6:30pm</p> <p><input type="checkbox"/> <b>MON, TUE, THU: 11-1 pm</b>  <input type="checkbox"/> WED TRAINING + YOGA: 3:30-5:30pm  <input type="checkbox"/> WED TRAINING + YOGA: 4:30-6:30pm</p> <p><input type="checkbox"/> <b>MON, TUE, THU: 5:30-7:30 pm</b>  <input type="checkbox"/> WED TRAINING + YOGA: 3:30-5:30pm  <input type="checkbox"/> WED TRAINING + YOGA: 4:30-6:30pm</p> <p><b>Program Cost:</b>  <b>8-weeks=\$800</b>  <b>6-weeks=\$700</b></p>	<p><b>TAC PRESEASON TUNE-UP</b> <i>August 10-21</i></p> <p>At Total Athlete Conditioning, players will receive an all-inclusive program that provides them with advanced physical and mental preparation. Our program has been specifically designed to create a training environment in which competitive players will optimize their performance for upcoming tryouts and their season.</p> <p>The TAC Pre Season Tune-Up sessions will focus entirely on fundamental movement skills, speed, strength and conditioning. A key objective of each training session is to ensure that every athlete is challenged in an intense atmosphere that will enable them to maximize performance and achieve peak condition!</p> <p><input type="checkbox"/> <b>MON-THU: 9-11 am</b></p> <p><input type="checkbox"/> <b>MON-THU: 5-7pm</b></p> <p><b>Program Cost= \$250</b>  <b>*TAC SUMMER TRAINING athletes= \$200</b></p>
--	---	---

**TOTAL HOCKEY CONDITIONING**  
*This is an add-on option to the off-ice program for all ages and levels. Athletes may choose private or small group lessons.*

**COLLEGE/AMATEUR/PRO:** by arrangement  
 **HIGH SCHOOL:** by arrangement  
 **JUNIOR :** by arrangement

*To schedule or receive further information please contact:*  
 Peter Alden: 203-444-7634 or  
[palden@totalathleteconditioning.com](mailto:palden@totalathleteconditioning.com)  
[www.hamdeniceacademy.com](http://www.hamdeniceacademy.com)

**JON QUICK GOALIE SCHOOL**  
**SUMMER 2009 TBA**  
*This is an add-on option to the off-ice program for all ages and levels.*

The Jon Quick Goalie School is designed to enhance the technical aspects of goaltending to prepare you mentally and physically for the upcoming season! Jon systematically breaks down and reinforces skills through demonstration, proper instruction, correction, and repetition. Each goaltender will be challenged to push their abilities to the next level!

*To schedule or receive further information please contact:*  
[Jonquickgoalieschool@gmail.com](mailto:Jonquickgoalieschool@gmail.com) or [palden@totalathleteconditioning.com](mailto:palden@totalathleteconditioning.com)  
<http://jonquickgoalieschool.googlepages.com/home>

**PAYMENT INFORMATION**

- **A 50% DEPOSIT IS REQUIRED TO RESERVE SPACE IN A TRAINING GROUP**
- **FULL PAYMENT IS DUE UPON THE FIRST SCHEDULED TRAINING SESSION**
- **Please make checks payable to TOTAL ATHLETE CONDITIONING (TAC), LLC**
  - Electronic payments may be made on our website
- **PLEASE MAIL PAYMENT TO:**  
Total Athlete Conditioning  
42 Wallace Road  
Branford, CT 06405

**PLEASE READ BEFORE SIGNING**

**THE UNDERSIGNED UNDERSTANDS AND APPRECIATES THAT PARTICIPATION IN THIS PROGRAM CONSTITUTES A RISK OF SERIOUS INJURY, INCLUDING PERMANENT PARALYSIS OR DEATH. THE UNDERSIGNED VOLUNTARILY AND KNOWINGLY RECOGNIZES, ACCEPTS, AND ASSUMES THIS RISK AND WILL THEREFORE INDEMNIFY, RELEASE AND HOLD HARMLESS TOTAL ATHLETE CONDITIONING, LLC (“TAC”) AND THE CHOATE ROSEMARY HALL FOUNDATION, INC. (“CHOATE”) INCLUDING TAC AND CHOATE’S EMPLOYEES, REPRESENTATIVES, AGENTS, AFFILIATES, THEIR SPONSORS, AND EVENT ORGANIZERS.**

**THE UNDERSIGNED ATTESTS THAT THE ABOVE IS IN GOOD HEALTH AND ABLE TO PARTICIPATE IN THE PHYSICAL ACTIVITY OF A VIGOROUS ATHLETIC PROGRAM. THE UNDERSIGNED AGREES TO PROVIDE HEALTH INSURANCE OR OTHER APPLICABLE INSURANCE TO COVER ANY PERSONAL INJURY OR PROPERTY DAMAGE SUSTAINED BY THE APPLICANT(S) WHILE PARTICIPATING IN THIS PROGRAM.**

**IN THE EVENT OF INJURY OR ILLNESS, THE UNDERSIGNED GIVES PERMISSION FOR THE PERSON IN CHARGE TO SEEK MEDICAL ATTENTION.**

---

*Participant's Signature*

*Date*

---

*Parent(s) Signature {required if applicant is under 18 years of age}*

*Date*