



Aggies

**Are you looking for a summer program or a supplement to your workouts?**

**Join our injury prevention & performance enhancement program.**

**Trinity Sports Medicine wants to keep you In the game!**

**WHO**

ALL athletes entering grades 5-12

**WHERE**

Velva High School

**WHEN**

Monday & Wednesday  
Volleyball → 7:30am  
General 7<sup>th</sup>-12<sup>th</sup> → 9:15am  
5<sup>th</sup> & 6<sup>th</sup> Grade → 10:45am

**DATES**

\*Starts June 1st  
Last Day July 25<sup>th</sup>

**COST**

\$125

Bonus Benefit: FASTER participants entering grade 7 & up will receive a coupon for half off a Sports Physical provided by Dr. Dawn Mattern, MAYSA Sports Medicine Clinic. Dates TBD

MAKING MORE



Possible

Goals, Successes,  
Championships,  
Wins



**TRINITY**  
HEALTH



**Who: All athletes entering grades 5-12**

**Where: Velva High School Gymnasium**

**When: Monday and Wednesday**

**9<sup>th</sup> -12<sup>th</sup> Grade Volleyball → 7:30 am-9:00 am**

**7<sup>th</sup> -12<sup>th</sup> Grade General Session → 9:15 am -10:30 am**

**5<sup>th</sup> and 6<sup>th</sup> Grade Session → 10:45 am - 11:45 am**

**Program Dates: 8 weeks, Starts June 1st, Last day July 25th**

To be registered must turned in have:

Registration form     Medical history form     signed waiver     Fee

**Questions? Contact Maci Severson at [maci.m.severson@gmail.com](mailto:maci.m.severson@gmail.com)**

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Name: \_\_\_\_\_ School: \_\_\_\_\_

The Velva FASTER programs will be utilizing the “Team Reach” App again for communication with parents and coaches; please provide parent/ guardian

Email: \_\_\_\_\_

Parent/ Guardian phone number: \_\_\_\_\_

I am entering grade \_\_\_\_\_ I am: Male \_\_\_\_\_ Female \_\_\_\_\_

Session (circle) 7:30am    9:15am    10:45am

T-Shirt size:    SM    MED    LG    XL    XXL    (T-shirt sizes are adult)

I participate in the following sport(s): \_\_\_\_\_

Goals I have / things I want to improve this summer are:

1) \_\_\_\_\_

2) \_\_\_\_\_

Turn forms and fees into School Office or mail to Trinity Sports Medicine,  
101 3<sup>rd</sup> Ave NE, Suite 102, Minot, 58702 attn: Darren Armstrong

\*\*\*Please turn in Registration forms NO LATER than May 25<sup>th</sup> \*\*\*

# *Faster Athletics*

## Medical history form

Name		Sport		Grade	
DOB	Home#	Height		Weight	
Parent/Guardian		Cell#		Work#	
Do you currently have, or have you ever had any of the following?					
Yes	No		Yes	No	
		Heart Condition			Arthritis
		Lung/Breathing Condition			Previous Surgery
		Allergic Reaction to Meds			Allergies
		Epilepsy/Seizures			Diabetes
		High Blood Pressure			Bleeding (Hemophilia)
		Hernia/Rupture			Other

If you answered yes to any of the above, please explain:

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Have you ever injured any of the following, including fractures, dislocation, sprains, strains, concussions, bruises? Please indicate if surgery was necessary.

Head/Neck:

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Nose, face, tooth or jaw

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Shoulder, arm or hand

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Back, ribs or abdomen

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Hip, leg, knee, ankle or foot

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Do you wear glasses/contact lenses? \_\_\_\_\_ Yes    No \_\_\_\_\_

Are you currently taking any medications? \_\_\_\_\_ Yes    No \_\_\_\_\_ if yes, please list:

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**\* Signature indicates student has been seen by physician within 2 years and is cleared for activity**

Student signature

\*Parent/Guardian signature

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**TRINITY  
HEALTH**

**Trinity Health Waiver, Release of Liability, and Consent**

For and in consideration of being permitted to participate in the programs and services of Trinity Health (herein “TH”), the sufficiency of such consideration being acknowledged, I for myself, my heirs, successors, representatives and assigns, hereby now and forever RELEASE, ACQUIT, and DISCHARGE “TH” and its agents, employees, officers, directors, parent companies, subsidiaries, successors and assigns of and from any and all claims, demands, actions, remedies, causes of action, liability, damages, costs (including reasonable attorney fees), expenses and losses of every kind of nature, whether at this time known or unknown, anticipated or unanticipated, direct or indirect, which I for myself, my heirs, successors, representatives and assigns now have or may have in the future by reason of my use of the facilities, whether caused by the acts or omissions of the “TH” or its employees, agents or representatives, or by any other person or persons.

I further understand and acknowledge, and hereby assume, the risks and hazards which may cause injury, disability and death, and perhaps damage to or loss of my property while on the premises or while participating in any or all activities conducted. Moreover, I hereby acknowledge that my use is voluntary.

Further, although I recognize that no duty to do so exists or is hereby created, nevertheless, in the event that I sustain any personal injury or require medical attention either before, during or after exercise or participation in any and all activities, I specifically authorize “TH” and its agent or employees to voluntarily and gratuitously perform onsite treatment for injury or medical condition. I understand that any on-site treatment will not necessarily be performed by persons having medical training and that “TH” has made no representations that treatment will be performed by persons with such training. I also authorize “TH” and its agents or employees to voluntarily and gratuitously arrange transportation for me for the purpose of obtaining medical treatment elsewhere. In return for any such treatment or transportation for treatment elsewhere, I for myself, my heirs, successors and assigns, hereby now and forever RELEASE, ACQUIT, and DISCHARGE “TH” and its agents, employees, officers, directors, parent companies, subsidiaries, successors and assigns of and from any and all claims, demands, actions, remedies, causes of action, liability, damages, costs (including reasonable attorney fees), expenses and losses of every kind or nature, whether at this time known or unknown, anticipated or unanticipated, direct or indirect, which I for myself, my heirs, successors, representatives and assigns now have or may have in the future by reason of my use of the facilities, whether caused by the acts or omissions of “TH” or its employees, agents, or representatives, or by any other person or persons. I further give my consent to “TH” and it agents or employees to make arrangements with third parties for medical treatment or transportation to any emergency medical service, physicians, nurses, other medical personnel or hospitals that “TH” and its agents or employees may select, in their sole discretion, and I agree that I will assume full responsibility for payment for such treatment and/or transportation.

I acknowledge that I have carefully read and fully understand all of the provisions contained in this Consent and Release, and that I have freely and voluntarily chosen to agree to the same. I fully understand that this is a full and complete consent and release of any and all claims and that no additional consideration will be paid to me by and party hereby released.

**Client Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

If the person participating is not yet 18 years old: As a parent or legal guardian of the above-named child, I verify that I fully agree to, understand, and accept all provisions of this Waiver, Release, and Consent.

**Parent/Guardian Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_