

## Mountain River Physical Therapy

### Athletic Performance

## High Speed Treadmill Training

High speed treadmill training consists of five components to develop an athlete's speed - lateral agility, running form, functional mobility, strength, recovery time and confidence. Participants will be pushed to maximum levels while developing superior outcomes for any athletic pursuit.

### **Age 14 and above**

8 Week Program – 3 days per week – Monday, Tuesday, Thursday

Testing - June 4<sup>th</sup>

Training – June 7<sup>th</sup>-August 2<sup>nd</sup>

**Cost - \$350.00**

6 Week Program – 3 days per week – Monday, Tuesday, Thursday

Testing – June 11<sup>th</sup>

Training – June 14<sup>th</sup>-July 26<sup>th</sup>

**Cost - \$265.00**

### **Age 11 to 13**

6 Week Program – 2 days per week – Wednesday and Friday

Testing – June 18<sup>th</sup>

Training – June 23<sup>rd</sup>-July 30<sup>th</sup>

**Cost - \$175.00**

*\*Latest Monday, Tuesday, Thursday session is 5pm.*

*\*Athlete's eligibility to train on high speed treadmill subject to instructor's discretion throughout program.*

*For information, please call Joe Leaman, MS, ATC*

*304-834-2614 or 304-428-1703*



Elite Sports Center Location  
2000 1<sup>st</sup> Avenue  
Parkersburg, WV 26101

Phone (304) 428-1703  
[www.mountainriverpt.com](http://www.mountainriverpt.com)



**Elite Sports Center**  
 Registration Form  
 Waiver / Liability Release

1212 Garfield Avenue, Suite 200 ♦ Parkersburg, WV 26101 ♦ 304-865-6778 ♦ 304-865-7400

Today's Date:	Family Doctor:	Specialist:
Patient's Name:	Address:	
Birth Date:	SSN#:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Phone Number:	<b>Emergency Contact</b>	
Cell Number:	Name:	
Email:	Phone Number:	
Student:	School: Team: Coach: Grade:	
Medical History:		
<b>If Patient Is A Minor</b>		
Father's Name:	DOB:	Phone:
Mother's Name:	DOB:	Phone:
<b>Waiver Statement (Must Be Signed to Participate)</b>		
<p>I recognize that injury may be sustained because of the potentially hazardous nature of this activity. In the event of such injury to myself or my child, if or when my spouse or I cannot be contacted I give permission to MRPT staff to make medical decisions either to provide first aid treatment, provide physical therapy or call EMS as would be normal, and I agree to pay the usual charge for such treatment. I agree to abide by all facility and equipment rules, regulations, and standards of conduct. I also understand that Mountain River Physical Therapy LLC reserves the right to remove patrons who do not obey the rules, regulations, and standards of conduct. I now release Mountain River Physical Therapy LLC, its employees, agents, and assigns from any and all claims, causes of action suits, and related rights for himself/herself, his/her estate, his/her heirs; administrators, executors, etc. for any and all injuries, illnesses, and damages sustained as a result of participation at Mountain River Physical Therapy LLC. This release applies to any present or future injuries and it binds my heirs, executors, and administrators. I understand that participants may be videotaped or photographed during this activity. I release the rights of those video tapes and photographs to Mountain River Physical Therapy LLC. I have read this release and all of its terms. I sign it voluntarily and with full knowledge of its significance. This agreement shall become effective as the date signed below.</p>		
Signed—Participant or Parent/Legal Guardian (if under age 18)		Date