

SPEED, STRENGTH, INJURY PREVENTION & FLEXIBILITY CAMP FOR THE TOTAL ATHLETE

**Frank Termini M.P.T of Northland Physical Therapy
will be conducting the Camp.**

Frank's Autobiography:

- Born & raised in the Kansas City area, Frank grew up in the Northland where he attended St. Gabriel School & St. Pius High School. After high school Frank attended Benedictine College on a football scholarship. There he sustained several knee injuries requiring two separate knee surgeries, which landed him as a patient at Northland Physical Therapy. After his second knee surgery, he decided to hang up his cleats and pick up his books. He then transferred to Rockhurst University, where he received a Bachelor's in Biology. From there, he entered into the Master's Program in Physical Therapy at Rockhurst and graduated in May 2005.

Frank is fortunate enough to be familiar with all sides of the coin, being a former athlete and now one who puts athletes back on the field. Frank is very knowledgeable with all aspects, including injury prevention, treatment of injuries, as well as what it takes to succeed in a variety of different sports.

The Camp will focus on.

The camp will consist of two sessions (Saturday & a Sunday). Each session will last two to two and a half hours. The first day will consist of injury prevention, which will basically include all flexibility exercises for the lower extremities. From this point we will address lower extremity strength as well as cardiovascular endurance. Day two will consist of a review of the flexibility exercises. This review is so that exercises can be done with out thought and be 2nd nature to the athlete. Finally, we will address speed and agility.

Our goal is to educate athletes on injury prevention by demonstrating a variety of different stretches as well as to improve young athlete's strength, speed, agility and endurance so that they can reach their maximum potential.

CLINIC DATES - AUGUST 9th & 10th

Please fill out this [Form](#) and a \$140 check payable to the Kansas City Soccer Dome by
Monday August 4th, 2008.

- ❖ All fees must be paid in full prior to First Clinic.
- ❖ Athlete waiver needs to be signed prior to the start of clinic.
- ❖ Clinic will start at 11:30 am on Saturday August 9th and the 1st session will conclude at 3:00 pm. The Clinic will reconvene Sunday August 10th at 12:00 pm and conclude at 3:00 pm.
- ❖ This Clinic will be very intensive; these athletes will be pushed physically while increasing their knowledge to hopefully reduce future injuries in their playing careers.
- ❖ Your child will leave tired, they will be training on Synthetic Field Turf surface - please bring extra water, Tennis Shoes, athletic shorts/shirts (2).

For more info contact: Brian Budzinski:

**(816) 215-9456, (816) 231-4812,
Brian@kcsoccerdome.com or visit
www.kcsoccerdome.com**

To register for the Speed/Strength Clinic at the Kansas City Soccer Dome please fill out the forms Below and mail to:

**Kansas City Soccer Dome
Attn: Brian Budzinski
5909 Equitable Road
Kansas City, Missouri 64120**

Please make check payable to: Kansas City Soccer Dome

PLAYER REGISTRATION (Registration deadline: (August 4th, 2008))

Athletes Name: _____ T-Shirt Size (Circle): Adult S, A-M, A-L, A-XL
Date of Birth: _____ Gender (Circle): M ___ F ___ Sport: _____
Home Address: _____
City: _____ State _____ Zip _____
Home Phone: _____ Emergency Phone: _____
Player's Parents Names: _____
Player's Parents Cell Phone Numbers: _____
EMail Address: _____
Team: _____ Team Coach: _____
Team Coach Phone Number: _____

MEDICAL RELEASE

I do hereby grant permission to the Speed/Strength Clinic secure such medical aid and hospital services as they deem necessary for the child noted on this form in the event he/she should sustain an injury or illness while attending the Speed/Strength Clinic. I agree to assume the cost of transportation and medical treatment in such an emergency situation. I have also indicated below any medical information of which the camp should be aware in consideration of the child's physical and mental well being.

Player Name: _____
Parents Names: _____
Parent Signature: _____ Date: _____
Parent Cell Phone Numbers: Father: _____ Mother _____
Family Doctor: _____
Telephone: _____
Special notes: (allergies etc.) _____
Family Health Care Information Carrier: _____
Group Name: _____
Policy #: _____ Group #: _____
Preferred Hospital: _____

I agree that the local organizing group of Northland Physical Therapy, Frank Termini MPT, Frank Ferrantelle PT, Speed/Strength Clinic And Soccer Dome of Kansas City shall not be liable for any injury or loss which my children may sustain while Participating in this clinic, and I agree to indemnify and to hold harmless the Northland Physical Therapy and/or the Frank Termini MPT, Frank Ferrantelle PT, Speed/Strength Clinic And Soccer Dome of Kansas City from any claim whatsoever. The above applicant is in good health and has my permission to participate in this program. In case of emergency, I grant permission for my son/daughter to be given emergency treatment at a local hospital.

Parent Signature: _____ Date: _____

For more info contact Brian Budzinski: (816) 215-9456 or Brian@kcsoccerdome.com