

**CMMC JUDITH PEAK REHAB**

**Central Montana Injury Prevention & Jump Training Program Registration Form**

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| 1. Athlete Information |
| Name: | Age: DOB: | Circle: Male Female |

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| --- | --- | --- | --- | --- |
| 1. Parent Information (if under 18 years old) | | | | |
| Name: | | | | |
| Address | City | | State | Zip |
| Email address | | Phone | | |

|  |  |
| --- | --- |
| 1. Emergency Contact Name | Emergency Phone Number |

* $150 for 18 Sessions – June 4th – July 13th, 2018
* **Registration deadline: June 1st**
* **Sport:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **College:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Checks payable to: CMMC

408 Wendell Ave,

Lewistown, MT 59457