

**MIDWEST  
PHYSICAL  
THERAPY**

Midwest Physical Therapy

Presents

**FAST FEET**

A Speed, Agility and

Coordination Camp

August 9 – 13, 2010

9:30 – 11:00 am



Midwest Physical Therapy is pairing up with the Iowa Soccer Club for the eighth year to offer a speed, agility and coordination camp called **FAST FEET**. The camp will consist of drills and activities that are age appropriate and designed to improve foot speed, acceleration, lower extremity strength, core stability and coordination. **FAST FEET** is geared for soccer players, U10 and older, who are interested in improving their game. **FAST FEET** will be run by licensed physical therapists who are also certified strength and conditioning specialists. Proceeds from the camp will be donated to the Iowa Soccer Club Scholarship Fund.

**Camp Objectives:**

Foot speed

Core stability

Agility

Endurance

Coordination

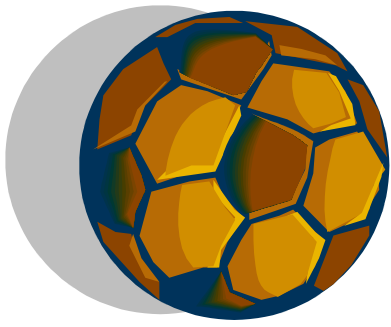
Power

Strength

Flexibility

- Camp will take place at the U of I Recreation fields
- Call Midwest Physical Therapy with questions or, if inclement weather at 545-4104.

**Camp Costs:** \$75 / player, includes T-shirt. A \$10 Family Discount is available if you are registering more than one family member for the full camp. Please make checks payable to Midwest Physical Therapy. Please register by 7/21/2010.



# FAST FEET

**MAKE CHECKS PAYABLE AND RETURN REGISTRATION FORM TO:**

MIDWEST PHYSICAL THERAPY  
2431 CORAL CT. #2  
CORALVILLE, IA 52241

For further information or questions, please contact Midwest Physical Therapy  
Phone: (319)545-4104 or fax: (319)545-4105  
Or email Julie Holte at: [jaaholte@aol.com](mailto:jaaholte@aol.com)

**Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Emergency Contact and Phone:** \_\_\_\_\_

**Sizes for T Shirts:** YM \_\_\_ YL \_\_\_ AS \_\_\_ AM \_\_\_ AL \_\_\_ XL \_\_\_

**\*Please complete a registration form for each participant**

## Waiver

I understand and accept the condition that Midwest Physical Therapy, the Iowa Soccer Club, Inc or anyone associated with this camp does not assume responsibility for accidents, medical or dental expense incurred as a result of participation in the camp. The camper is in good health and is able to participate in the physical activity required. I hereby authorize the directors of the camp to act for me according to their best judgment in an emergency requiring medical attention. My son/daughter is fully covered by our personal family health plan in the event of sickness or injury.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_