

# **Impact Athletics *Spring 2012***

## **Mass Elite Enhancement Program**

**March 12<sup>th</sup> thru June 1<sup>st</sup>**

Please choose the time slot you wish to attend (time slots may be changed if filled or deemed inappropriate for the athlete.)

<b>Program</b>	<b>Cost</b>	<b>Days</b>	<b>Times (program run 1 hour)</b>	<b>Choice</b>
<b>Conditioning</b>	\$286	m/w	5:30(5 <sup>th</sup> ) 6:30(6 <sup>th</sup> ) 7:30(7 <sup>th</sup> ) 8:30(8 <sup>th</sup> )	
<b>Strength Conditioning</b>	\$286	m/w	5:30(9 <sup>th</sup> ) 6:30(10 <sup>th</sup> ) 7:30(11 <sup>th</sup> )	

Athlete's Name	Date of Birth	Sex
Parent's Name		
Address		
City	State	Zip
Phone		
Email	Sessions attended	
Referred by		

### **Waiver/Release**

Please enroll this athlete in your strength and conditioning program. This program is intended to reduce the risk of injuries but cannot guarantee that the athlete will not incur injury in their given sport. With all fitness and athletic activities there is a risk of injury. I understand that neither Impact Athletics nor anyone employed by the facility will assume responsibility for accidents incurred as a result of participation in this program. I attest that the athlete is in good health and able to participate in physical activity of a vigorous athletic program. In any event of injury or illness, the facility has my permission to provide emergency first aid.

*Signature of parent or guardian for athletes under age 18:*

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