

Boys Baseball Sports Training

March 15th – April 26th

2012

To Register Call: 218-444-8280

Our **Mission** is to provide an environment where athletes can build **strength, endurance, flexibility**, as well as **sport specific** training to enhance their sports performance. Choice Therapy's Therapists and SmartFITT's Exercise Physiologist work closely with each athlete to ensure that proper technique and form are used. We require 110% effort from **ALL** of our athletes.

Classes will be held **Tuesdays** and **Thursdays** from **5:00-6:30 pm** at **Choice Therapy—677 Anne Street NW Suite E Bemidji, MN.**

Cost: \$100.00

*If there is enough interest, we may have to provide 2 classes—

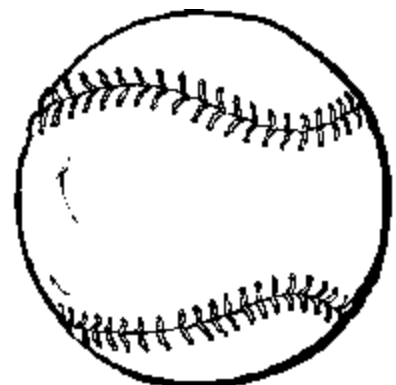
The First Class: 5:00-6:30 pm

The Second Class: 6:30-8:00 pm

- ✓ **Speed**
- ✓ **Strength**
- ✓ **Endurance**
- ✓ **Flexibility**
- ✓ **Teamwork**


Choice Therapy

SmartFITT





Orientation & Expectations

Boys Baseball

Orientation will be held Thursday, March 15th, 2012. Pre-Fitness assessments will take place following the meeting, from 5:30 to 6:30. Parents do not have to stay for this, but are welcome to watch from the waiting area.

A Parent must attend the orientation portion of the first meeting, before their child will be allowed to participate.

Registration, waiver form, and fees will be due at orientation, before participation can begin.

Training Sessions will be held two times per week for 90 minutes. Classes will run on Tuesdays and Thursdays from 5:00 pm to 6:30 pm. If we offer two classes the second class will run Tuesdays and Thursdays from 6:30 to 8:00 pm. 12 training classes will follow the orientation, with a final fitness evaluation on April 26th.

Participants are expected to arrive a few minutes early to prepare for each session. Be dressed in appropriate active wear and tennis shoes, to begin right away (NO STREET SHOES).

There will be a **ZERO TOLERANCE** policy enforced for misbehavior. (You will be asked to leave.)

Please arrange for a prompt ride home prior to the end of each session.

Should you have any questions or concerns please feel free to address them before or after training sessions.

If a cancellation is made by Choice Therapy or SmartFITT, participants will be notified as soon as possible via cell phone or home phone.

If a participant cannot make it to a session, they are expected to notify us ahead of time (via phone # (218) 444-8280).

Each Session will include: Warm up, exercise stations, stretching and cool down. Contact either Lindsey at Choice Therapy: 218-444-8280 or Beth at SmartFITT: 218-779-2873 if there are any further questions.

Participant Signature _____ **Date** _____

Parent Signature _____ **Date** _____



Boys Baseball

Sports-specific Training
3/15/2012 – 4/26/2012

Mission Statement

Our mission is to provide an environment where athletes can build strength, endurance, flexibility, as well as sport specific training to enhance their sports performance. Each participant will have an initial fitness assessment and a post training assessment to monitor improvements.

Our staff is committed to working with each participant as an individual by providing one on one opportunity for increased success. Each group will be limited to 12 participants to allow maximum space and individual instruction as necessary. **Please pre-register via phone @ (218) 444-8280. We encourage you to register early.**

Compliance & Liability Consent

_____ (Parent Initials) Fees (\$100) must be provided before participation will be allowed.

_____ (Parent Initials) Choice therapy or SmartFITT will not be responsible for any financial responsibilities in the event of an injury or emergency. It will be the responsibility of the guardians to provide adequate insurance and/or care for each participant.

_____ (Parent Initials) It is your responsibility to ensure your child arrives on time and has prompt arrangements for a ride home.

Parents: Your child needs your support in making this a successful experience. Please encourage them to attend all sessions, and to do their best! Please remind them to drink plenty of water before and after each session. Thank you for your support and compliance.

Participant Signature _____ Date _____

Parent Signature _____ Date _____



Sports Training Registration

Name _____ Date _____

Sports you are participating in _____

Address _____ City _____

State _____ Zip Code _____ Date of Birth _____

Home Phone # _____

Cell Phone # _____

Emergency Contact Name _____

Emergency Contact Phone # _____

Health Insurance Provider _____

Family Physician _____

Please list any past injuries and when they occurred: _____

Existing Medical Conditions: _____

Allergies: _____

Other: _____

Participant Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____