

**ONE-ON-ONE
COACHING
AVAILABLE**

ELITE

ATHLETIC PERFORMANCE TRAINING



Elite Athletic Performance Training 8-Week Speed, Agility and Change-of-Direction Training

A 16-visit program focused on training studentathletes to increase speed, strength, agility and quickness.

This program is designed to reduce injuries and improve performance. Each age group will have a maximum of six kids per class.

SELECT YOUR TRAINING DAYS:

MONDAY/WEDNESDAY TUESDAY/THURSDAY

SELECT YOUR AGE GROUP:

- 15-19 YEAR OLDS 3 P.M. - 4:45 P.M.
- 10-12 YEAR OLDS 4:45 P.M. - 6:15 P.M.
- 13-14 YEAR OLDS 6:30 P.M. - 8 P.M.

PAYMENT INFORMATION

Check_____ MasterCard_____ Visa_____ Discover_____

Name on Card_____

Billing Address (if different)_____

Card Number_____

3 Digit Security Code_____ Exp. Date_____

Cardholder Signature_____

**Mail payment and registration forms to:
Liberty Hospital Sports Medicine, 398 N. Blue Jay Drive, Liberty, Missouri 64068**

ATHLETE INFORMATION:

Participant Name: _____ Sport(s): _____

Age: _____ Grade: _____ School: _____

Address: _____ City: _____ State: _____

Home Phone: _____ Mobile Phone: _____

Primary Care Physician: _____

Emergency Contact: _____

Phone Number: _____ Phone Number: _____

Injuries/Allergies/ Restrictions: _____

Parent/ Guardian's Name: _____ Address: _____

Phone Number: _____ Mobile Phone: _____ Email Address: _____

HELPFUL INFORMATION:

Please arrive 30 minutes prior to the first session to complete registration paperwork.
All participants must be in shorts, shirt and shoes that can be secured with straps or laces.
-NO yoga pants, spandex or compression shorts are allowed. All undergarments must be covered.

QUESTIONS - CALL THE SPORTS MEDICINE COACHING STAFF AT 816.407.2315

Waiver and Release

I, _____, for myself or as parent or legal guardian of the participant, understand that participation in the Elite Athletic Performance Training program has inherent risks. As consideration for the ability of myself or my minor child to participate in the Elite Athletic Performance Training program, I agree to release, indemnify, and hold harmless New Liberty Hospital District ("NLHD") (a political subdivision) and its affiliates, trustees, employees, volunteers, and agents associated with the Elite Athletic Performance Training program and Liberty Hospital Sports Medicine facility from any and all claims, liability, loss of service and cause of action of any kind, including personal injury and property damage, arising from participation in this program, whether caused by NLHD, its affiliates, trustees, employees, volunteers, and agents or other participants of the program. I authorize the supervisors of this program to act according to their best judgment in an emergency and I will accept financial responsibility for such treatment. I have informed Elite Athletic Performance Training staff of any and all special health needs, pre-existing conditions, and restrictions of the participant.

PARTICIPANT or PARENT

DATE