

## 2018 Loyola Summer Speed and Agility Program

**Who:** All students entering 7<sup>th</sup> – 12<sup>th</sup> grade fall 2018

**When:** Tuesday and Thursday 9-10am

**Where:** Loyola Catholic School

**Dates:** June 12<sup>th</sup> Start, Aug 2<sup>nd</sup> End

**Program Setup:** 10 mins dynamic warmup, 20 mins power/agility, 20 mins conditioning/speed, 10 mins neuromuscular training.

**Trainer:** Cody Ptacek, Head Strength and Conditioning Coach at St. Clair, American College of Sports Medicine Certified Personal Trainer.

**Price:** \$75 per students. \$130 for 2 siblings, \$175 for 3 or more siblings.

**How To Register:** There are 2 ways to register

1. Cut off the bottom of this flyer and turn it into Mr. Landkamer.
2. Email Cody Ptacek with all the information on the registration: cptac56@hotmail.com

\*Tshirt to those who complete the program\*

\*Minimum 20 athletes – No Max\*

\*Checks payable to Cody Ptacek\*

\*June 1<sup>st</sup> deadline\*

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Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Sport(s) \_\_\_\_\_ Tshirt Size \_\_\_\_\_

Email \_\_\_\_\_

### Parent/Guardian Waiver Release Form

**This form must be completed by the Parent or Guardian of any individual 18 years of age or younger, prior to participation in any. This Waiver Release Form is valid for the summer of 2018.**

I agree that the participant named will be engaging in physical exercise involving various activities that could cause injury or death to him or her. I understand that the child is voluntarily participating in these activities and is assuming all risks of injury that may result from engaging in any exercise program or fitness related activity including colliding with other participants, colliding with equipment or structures, tripping, slipping, or falling. I hereby agree to waive any claims or rights that I might otherwise have to sue Loyola Public School and its owner, coaches, instructors, facility, or location where the activity is taking place, for any injury or death that might occur.

**As the parent or guardian of the above named participant, I fully understand and accept all terms set forth in this Waiver Release Form.**

Parent/Guardian Name (Please Print): \_\_\_\_\_

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