



## X-Treme Zone Speed & Agility Training Camp

X-Treme Zone Speed and Agility Training camp helps each athlete push the boundaries of his or her natural athletic ability, resulting in improved acceleration, explosive speed, agility, strength, power, endurance and resistance to injury.

Our program is about skill development – NOT DRILLS. The drills we do use are specifically chosen to teach each young athlete how to recognize when he or she is performing efficiently and safely.

X-Treme Zone Youth Training Program will enhance:

- coordination;
- running technique;
- strength;
- first step quickness (speed);
- flexibility (agility);
- injury prevention;
- weight loss; and/or
- self confidence

AGES 12-15  
JUNE 6-10  
AND  
JULY 11-15

**X-Treme Zone Camp for Ages: 12-15**

**Monday through Friday: 1 p.m. - 4 p.m. (member): \$85; (non-member): \$100**

5353 E. 68th Street • Located near 71st and South Yale

# X-Treme Zone Camp 2011 Registration Form

Participant's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Boy/Girl: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Mark all that apply:

Session	Half-day HZ Member	Half-day HZ Non-Member
<input type="checkbox"/> June 6-10	\$85	\$100
<input type="checkbox"/> July 11-15	\$85	\$100

TOTAL



Payment Information: \_\_\_\_\_ Payment Amount: \_\_\_\_\_

Charge to Health Zone Account (members only)  Mailing Check  Pay Cash at the Health Zone

Visa Mastercard Discover Card# \_\_\_\_\_ Exp Date (MM/YY): \_\_\_\_/\_\_\_\_

## Release

Health Zone, a service of Related Health Services, Inc and its parent company, Saint Francis Hospital, Inc. (hereafter "The Center"), is a medically-directed fitness and wellness program. As a participant in The Center's Summer Challenge program, I acknowledge that I am using The Center's facilities and equipment at my own risk and that The Center shall not be liable for losses of any personal belongings. I understand that some outdoor activities will be held off-site. I understand this paragraph to be a waiver and a release of The Center, their agents, and employees from any liability for injury or harm to my child or myself while involved in the use of equipment, facilities, or activities at The Center.

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

Employee/Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Consent for taking photographs, motion picture and video tapes

I authorize and/or ratify the taking of photographs, motions pictures or videotapes of the above named child for Saint Francis Health System's Public Information Department or its authorized agent(s). The name of the child and/or child's family will not be used in any manner to identify the photographs, motion pictures or video tapes. The photographs, motion pictures or video tapes maybe used for the purpose of publication or release to the media. These photographs, motion pictures, or videotapes need not be shown to the undersigned prior to the publication or viewing. All prints and negatives of any type shall be the sole property of Saint Francis Health System or its authorized agent(s). This consent is expressly intended to release all liability of any nature all agents and other personnel employed by Saint Francis Health System with regard to the taking, publishing or viewing of the photographs, motion pictures or videotapes.

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