



2010 Summer Strength & Conditioning Program at Boston University

Name: _____ **Date of Birth:** _____ **Sex:** _____
Parent's Name: _____ **Address:** _____
City: _____ **State:** _____ **Zip:** _____
Home Phone: _____ **Cell Phone:** _____
Email: _____ **T Shirt (Adult Sizes):** S: ___ M: ___ L: ___ XL: ___

Program Dates		Workout Times: (Circle preferred workout time)	Cost:
Summer 1 Program: Registration Deadline: May 31st			
June 7 – July 1 <i>(4 x/week for 4 Weeks)</i>	Mon-Thurs	12 pm 2pm	\$365
June 7 – June 17 or June 21 – July 1 <i>(4 x/week for 2 Weeks)</i>	Mon-Thurs	12 pm 2pm	\$185
Summer 2 Program: Registration Deadline: July 26th			
Aug. 2 – Aug. 12 <i>(4 x/week for 2 Weeks)</i>	Mon-Thurs	12 pm 2pm	\$185
<i>*Every effort will be made to place athletes into their preferred workout time. *A minimum 50% deposit of total cost is required when registering.</i>			

Method of Payment: ()Cash ()Check ()Credit Card
 Please make checks payable to: **Game Fit Performance Training, LLC**

Name on Card: _____ **Card Type:** _____
Billing Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Card #: _____ **Exp:** _____

Mail completed forms and deposit to:
 Glenn Harris, Head Strength & Conditioning Coach
 Boston University Athletics
 285 Babcock St.
 Boston, MA 02215



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Program Information

The Summer Program is open to male and female athletes between the ages 14-18 Athletes participating in the Game Fit Performance Training summer program will:

- Increase their Strength Levels for their sport
- Improve their Speed and Conditioning
- Improve their Flexibility
- Improve their self-confidence which will carry over to the field of play!

What to Bring for your workout:

- All Athletes should be dressed properly to workout.
- This includes: **shorts or sweats, T-shirt, sneakers, and a water bottle.**
- Do not bring lifting gloves or headphones.

Workouts will last approximately 90 minutes each day

INFORMED CONSENT AND WAIVER OF CLAIM FORM

I would like to use the facilities and equipment at the Boston University Student Athlete Varsity Weight Room. I am aware that using exercise and weight lifting equipment can be a dangerous activity involving many RISKS OF INJURY. I understand that the dangers and risks of working out with exercise and weight lifting equipment include, but are not limited to death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and aspects of the muscular system, and serious injury or impairment to other aspects of my body, general health, and well being. I understand that the dangers and risks of participating in a workout with exercise and weight lifting equipment may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, engage in other business, social and recreational activities, and generally enjoy life.

Because of the dangers of working out with exercise equipment and weight lifting equipment, I recognize the importance of following instructions regarding proper use of the equipment, appropriate training and other rules, etc., and to agree to obey such instructions.

In consideration of being presented this opportunity to use the facilities at the Boston University Student Athlete Varsity Weight Room and in acknowledging that I am aware of and willing to assume the risks associated with use of exercise and weightlifting equipment, I hereby voluntarily agree to waive, hold harmless and indemnify Game Fit Performance Training, LLC and the Trustees of Boston University and its trustees, agents, volunteers and employees from any and all claims, demands, damages and causes of action of any nature whatsoever arising out of ordinary negligence which I, my heirs, my assigns or successors may have against them for, on account of, or by reason of my voluntary use of the weight lifting equipment and facilities at Boston University. I understand the content of this document, and I execute this INFORMED CONSENT AND WAIVER OF CLAIM FORM of my own free will and accord.

NAME (Print): _____ DATE: _____

SIGNATURE: _____

PARENT OR GUARDIAN SIGNATURE: _____
(If under 18 years of age)

For more information go to **www.GameFitPerformance.com**