



Young Tigers Summer Athlete Development Program

Objectives:

- ✓ Instill good conditioning and training habits
- ✓ Assess dysfunctions
- ✓ Take advantage of this important age in developing major sports characteristics
- ✓ Develop bone density and ligaments, increasing ability to withstand stress
- ✓ Learn core lifting movements for high school training program and movement challenges
- ✓ Learn body control, flexibility, strength, coordination, change of direction, power
- ✓ Positive social environment (technology free!)

Who Can Participate?

male and female athletes that are in 6th-8th grades, as of this summer, 2019

When Will It Run and What's The Cost?

Starting the week of June 10th running through July 25th
Monday and Wednesdays (not July 4th)

CF High School North Gym, 9-9:30am **(June 10th and 12th will be at Holmes Jr. High due to boys bball camps)**

Cost is \$35 (Checks to: Summer Athlete Development Program, CFHS)



Sign Up and Informed Consent

I, _____ give permission for my son/daughter, _____, age _____, to participate in the Young Tigers Summer Athlete Development Program at The Cedar Falls High School. I fully understand and acknowledge that my child will be active and is at risk for injury while participating in this program. By signing below, I agree to accept the responsibility of anything that may occur during the course of my son/daughter's participation in this program.

I certify that I have read and understand the contents of this release and that my intention, by signing this release, is that it be binding not only for me and my son/daughter but upon my heirs, administrators, executors, successors and assignors regarding the Development Program.

Athlete Name _____ Age _____ Grade as of Summer '19 _____

Parent /Guardian Name (Print) _____ Parent /Guardian Name (Signature) _____

Parent/Guardian Phone _____ Date _____

Are there special notes (health/behavior/etc.) the Performance Staff should know about the participant?

TO SIGN UP:

Option 1 (preferred): Mail this sheet and payment to: Agape Therapy, Att: Amy, 211 West 6th St., Cedar Falls, IA. 50613

Option 2: Email avanarkel@agapetherapy.com a picture of this form filled out and bring payment to first day.

For Staff Only:
Paid: Cash or Check
Date: