




# USA FITNESS AND CHIROPRACTIC CENTER

## SPORT SPECIFIC TRAINING

### FOOTBALL & CHEERLEADING



Another exciting season of Flyers Football and Cheerleading is about to begin! In just a few weeks, your child(ren) will be competing in the hottest days of summer. Beginning practice in the heat of August is difficult for any athlete, especially children. Preparing your child to meet this challenge is a worthwhile goal, and USA Fitness can get your child prepared. We have designed a special program for the Lower Burrell Flyer football players and cheerleaders that will get them ready to start the season. Here are some of the benefits:

-  **Improved Conditioning** – We will work with your child to prepare them for the heat. Our program is custom designed that gets them used to working out when it's hot.
-  **Improved Core Strength** – Weight training is not age appropriate for children, but there are other methods of training that can improve strength and endurance. Our program will improve your child's strength for the upcoming season.
-  **Improved Agility & Quickness** – All athletes need to be able to react quickly, and keep their balance. Our training will improve the agility and quickness of your child.

USA Fitness has agreed to provide this specialized training to the children involved in the Lower Burrell Flyers Program. No other youth football program in the area will be offered this opportunity. If you want to give your child an edge over their competition, this is your chance. If you would like to see the different training options we offer at USA Fitness, please visit our web site at <http://www.usafitness-chiro.com>.

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**Cost:** \$69 for eight (8) sessions for 1<sup>st</sup> child, \$39 for the second child, \$19 for the third child

**Session Dates:** The sessions will be held Monday and Wednesday each week for four weeks at Flyer's Field. Sessions begin Monday June 24<sup>th</sup> and end on Wednesday, July 17<sup>th</sup>.

	Monday	Wednesday
June	24	26
July	1, 8, 15	3, 10, 17

**Session Times:** Sessions will run from 6:30 pm until 7:30 pm

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# REGISTRATION FORM

### Participant and Family Information

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parents Names: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Alt Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

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

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

### In an emergency, if the parent/guardian cannot be reached, please contact:

Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Alt Phone: (\_\_\_\_\_) \_\_\_\_\_

### Insurance & Medical Information

Insurance Carrier: \_\_\_\_\_ Policy Holder's Name: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_  
Pre-Existing  
Condition(s): \_\_\_\_\_

**Please turn over and complete the back side**

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## REGISTRATION FORM (CON'T)

### EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted.

### WAIVER AND RELEASE

I recognize the possibility of physical injury associated with sports training, and hereby release, discharge, and otherwise indemnify and hold harmless the Lower Burrell Flyers Organization, USA Fitness, property owners and lessors, their sponsors, affiliated organizations, and the volunteers, employees, and associated personnel of these organizations, against any claim by or on behalf of the participant named above as a result of that player's participation in their programs and activities; and/or being transported to or from the same, which transportation I hereby authorize.

The Lower Burrell Flyers, Inc. is an equal opportunity organization without regard to sex, race, color, religion or national origin.

**WE HAVE READ ALL THE ABOVE AND FULLY UNDERSTAND THE CONDITIONS SET FORTH FOR MY CHILD  
TO FULLY PARTICIPATE IN THE USA FITNESS TRAINING PROGRAM.**

\_\_\_\_\_  
Parent or Guardian's Name (Print Only)

\_\_\_\_\_  
Parent or Guardian's Name (Signature)

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Relationship to Participant (Father, Mother, Guardian, etc.)

**Registration fee is \$69 for the first child, \$39 for the second child and \$19 for the third child, with a maximum of \$127 per family. Please make checks payable to: USA Fitness**

### Office Use Only

Check Number \_\_\_\_\_ Check Amount \$ \_\_\_\_\_ Cash Received \$ \_\_\_\_\_ Total Received \$ \_\_\_\_\_

Team:  Plebes (6-7)  Recruits (8-9)  Cadets (10-11)  Flyers (12-13) Office Member's Initials \_\_\_\_\_

**Mail your completed form and payment to:**

USA Fitness Center  
700 Craigdell Road  
New Kensington, PA 15068  
Phone: (724) 337-9992