



FOR YOUTH DEVELOPMENT™  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY



# STRONGER HEALTHIER YOUTH



## Sports Performance Training

Open to boys and girls entering 9<sup>th</sup> – 12<sup>th</sup>  
June 12<sup>th</sup>–July 21<sup>st</sup>

8:30am – 9:30am

Monday – Wednesday – Friday

Pretest – June 7<sup>th</sup>, 2017

Posttest – July 26<sup>th</sup>, 2017

Cost:

YMCA Member – \$150

Non-Member – \$175

High school athletes throughout the Avera/YMCA region can improve their agility, footwork and strength in this traditional, small group program.

This program will be held at the YMCA and led by Avera Sports Trainers. For more information contact Avera at 605-224-3162. Register at the YMCA.



Participant's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F

Serious Health Problems: No Yes Explain: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

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

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

The Pierre and Stanley County School Districts neither endorse nor sponsor this organization or the activity represented in this document. The distribution of this material is provided as a community service.

I hereby give permission for my child to participate in the Avera Sports Training Program at the Oahe Family YMCA and certify that he/she is physically fit for this activity. I hereby expressly release, discharge and hold harmless from any liability whatsoever Avera and the YMCA, the various branches and subdivisions thereof, and all employees and volunteers in their capacities as representatives of Avera and the YMCA, expressly including, but not limited to, the Board of Trustees of Avera and the YMCA, except for injuries caused intentionally, or by willful misconduct. I grant Avera and the YMCA the right and authority to photograph, film, or record vocally me or my child. These records may be used for promotional or publicity purposes. I certify that I am familiar with the contents of this release, that I have read and understand the same, and that it is my intention by signing this release that the same be binding not only on me, by my heirs, administrators, executors, successors, and assigns.

\_\_\_\_\_  
Parent/Guardian Signature Required

\_\_\_\_\_  
Date