



EXPLOSIVE POWER -FASTER SPRINTS -HIGHER JUMPS –QUICKER CUTS

Speed - Power - Agility

S.P.A. (Speed, Power, Agility) CONDITIONING CAMP

Off season is the best time to improve speed, power, flexibility, agility, and balance. Kinetic Connections' S.P.A. conditioning camp (off-season conditioning camp) is designed to prepare athletes for their season. Specifically, the camp will consist of 3 one-hour sessions for 4 to 6 weeks focusing on speed, power, flexibility, agility, and balance training. The camp is designed to enhance the athletes' ability to perform the sport-specific skills necessary to compete at their maximal potential. The goals of the camp are to enhance performance while reducing the risk of injury. Baseline assessments will be measured prior to the first session.

- LOCATION:** GRASS LAKE SCHOOL
26177 W. GRASS LAKE ROAD
ANTIOCH, IL. 60002
- INSTRUCTORS:** Larry Stone and Steve Colletti. Both Larry and Steve are licensed physical therapists (at Colletti SportsMed Physical Therapy), certified strength and conditioning instructors, and certified personal trainers.
- BASELINE TESTING:** *6:30a.m. Tuesday, June 16th at Grass Lake School*
- CAMP DATES** Thursday, Saturday, Tuesday
** June 18th through July 16th, 2009
- TIME:** 6:30a.m. to 7:30a.m.
- CLOTHING:** Gym shoes, sweats/shorts, and T-shirt.
BRING A WATER BOTTLE

To register for the camp, please mail the enclosed registration form and waiver form along with a check for \$120.00 to:

Kinetic Connections
543 Orchard Street
Antioch, Ill. 60002
1-847-395-6100

** 2 additional weeks of training (6 additional sessions) focusing on increasing linear speed will be available July 18th through the 30th at an additional cost of \$60.00.

Should you have any questions please contact:

Larry Stone PT, CSCS, CPT
Cell: 1-847-651-6909

or **Steve Colletti PT, MS, CSCS, CPT**
Cell: 1-847-767-9725

WAIVER FORM & CHECK MUST BE RECEIVED BY FRIDAY JUNE 12th, 2009.



PARENTAL CONSENT WAIVER FORM RELEASING LIABILITY AND ASSUMING RISK

This form is an important legal document. It explains the risk you are assuming on behalf of _____, a MINOR, by allowing him or her to begin our exercise program. It is very important that you read and understand it completely. After you have done so, please print your name then fill in the spaces provided below.

I, _____, PARENT OF _____, a MINOR, do allow him or her to participate in a program of physical exercise under the direction of Kinetic Connections which will include, but may not be limited to weight and/or resistance training, flexibility exercises, speed and/or agility drills, and power exercises. I do here and forever release and discharge and hereby hold harmless Kinetic Connections and their respective agents, heirs, assigns, contractors, and employees from any and all claims, demands, damages, rights and causes of action, present or future arising out of or connected with my child's participation in this or any exercise program, including any injuries resulting therefrom.

I recognize that these exercises may be difficult and strenuous and that there could be dangers inherent in exercise for some individuals. I acknowledge the possibility of unusual physical changes during exercise does exist. These changes could include, but are not limited to abnormal blood pressure, fainting, abnormal heartbeat, heart attack, and in rare instances death.

I understand that as a result of my child's participation in any exercise program, he or she could suffer an injury or physical disorder that could result in permanent or partial disability.

I acknowledge that my child is in good physical health and has had a Sport or School Physical within this past year and is a good candidate for this exercise program.

I acknowledge that no warranties or representations have been made regarding the results achieved by participation in this exercise program. I also understand that the results of any exercise program may vary among individuals.

_____	_____	_____	_____
Parent's signature	Date	Athlete's signature	Date
_____		_____	
Please print parent's name		Please print athlete's name	

KINETIC CONNECTIONS
543 Orchard St.
Antioch, Il. 60002
1-847-395-6100

REGISTRATION FORM

Name _____ Date _____ Date of Birth _____ Sex _____

Street Address _____ City _____

Phone (home)(____) _____ Phone (work)(____) _____ Phone (cell)(____) _____

Emergency Contact (Name & Phone) _____