

# Functional Fitness Training High School Boys & Girls

## Attention: All Athletes

Functional Training is designed to improve the neuromuscular aspects of the human body and is an area of training that can be formatted for athletes of all ages. The purpose of functional fitness is to enhance an athlete's core strength (primarily legs, abdomen and lower back). The areas of concentration include strength, flexibility, balance, torque, kinetics, joint integrity and postural stabilization. Our goal is to help kids reach their full potential giving them the ability to play at their optimal game performance. Our instructors have 20 years of Physical Education experience and have been nationally certified in Functional training. **If you are participating in this class you may hit and throw ONLY before each session IF space is available on Mondays and Wednesdays (at no extra cost) through Dec only. \*\*There will be no make-ups for missed Sessions! There will be a minimum of 12 participants and a maximum of 20.**

## Payment Schedule

<b>1<sup>st</sup> 10 Sessions:</b>	Oct. 10 <sup>th</sup> - Nov. 9 <sup>th</sup>	<b>For 1 session</b> cost is \$100.00
<b>2<sup>nd</sup> 10 Sessions:</b>	Nov. 14 <sup>th</sup> - Dec. 14 <sup>th</sup>	<b>For 2 sessions</b> cost is \$175.00
<b>3<sup>rd</sup> 10 Sessions:</b>	Dec. 19 <sup>th</sup> - Jan. 12 <sup>th</sup>	<b>For 3 sessions</b> cost is \$250.00
<b>4<sup>th</sup> 10 Sessions:</b>	Jan. 16 <sup>th</sup> - Feb. 6 <sup>th</sup>	<b>For 4 sessions</b> cost is \$325.00

**IMPORTANT:** For the week of January 2<sup>nd</sup> through January 26<sup>th</sup>, velocity will be held on Mondays, Wednesdays, and Thursdays. This will effect the 3<sup>rd</sup> and 4<sup>th</sup> sessions.

## Application

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Birth date: \_\_\_\_\_  
Parents' Name: \_\_\_\_\_

**P.O. Box 406  
E-Town Ky. 42702**

**Phone :( 270)765-7478  
Fax :( 270)765-5169**

### Condition of Application (Applications void without signature below):

I/We, being the parents and/or legal guardians of the applicant, authorize the staff of The Players' Dugout, Inc. and its agents to act for the above named applicant according to their best judgment in any emergency requiring medical attention and, hereby, waive and release The Players' Dugout, Inc., its officers and its staff members from any and all liability for any injuries or illness incurred for the above named applicant while participating in any Players' Dugout Baseball Training Program. Further, I/We claim that the registrant has had a physical examination in the past year and has been found fit for all physical endeavors.

**Signature of parent and/or guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_