



FIT PERFORMANCE TRAINING

by Kent Athletic &
Wellness Center

SUMMER PROGRAM

LIMITED SPOTS AVAILABLE



TUESDAY AND THURSDAY

SESSION I JULY 10 - JULY 26

SESSION II JULY 31 - AUGUST 16

IMPROVE YOUR GAME.
SPEED. LATERAL MOVEMENT.
AGILITY. EXPLOSION.
INJURY PREVENTION.

Rising 5-8th Graders: 5:30-6:30

Rising 9-12th Graders: 6:30-7:30

Member Price: \$85 Per Session

NonMember Price: \$100 Per Session

Performance T-Shirt Included

**Register Today by
Calling or Visiting
Kent Athletic &
Wellness Center
410.778.3148
800 High St.
Chestertown, MD**



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Registration Form

Name: _____

Rising Grade (circle one): 5 6 7 8 9 10 11 12

Session Choice (circle one): Session I July 10-26 Session II July 31-Aug 16 (*\$15 off, if Enrolling in both)

T-Shirt Size (circle one): Youth: S M L XL Adult: S M L XL

Sport(s) Played: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Emergency Email: _____

Staff Use Only:

Payment Date/Type: _____/_____ Amount Paid*: _____ Waiver: _____ Staff: _____

Health Questionnaire:

1. When did your child last have a physical by their doctor?

2. Has your child ever been told they have a heart condition?

3. Does your child have any allergies? (food or other.)

4. Do they require any medication during their time at Kent Athletic participating in this program?

5. Does your child suffer from asthma and require medication?

6. Does your child suffer from type I or II diabetes?

7. Does your child suffer from any major muscle or joint conditions that may limit them or be aggravated by physical activity?

**KENT ATHLETIC & WELLNESS CENTER (KAWC)
FIT PERFORMANCE TRAINING PARTICIPANT WAIVER OF LIABILITY**

In exchange for the right to use the KAWC facilities, services and to participate in/or engage in any athletic program activity provided by or at KAWC, I agree, on behalf of myself and my family members participating in this program, to the following:

(a) I recognize that there are available to me other clubs that provide similar programs, facilities, and equipment and I have chosen KAWC after considering that certain rights that I and participating family members might have are being waived and released with our membership and/or participation.

(b) I and participating family members are aware of the desirability of a physical examination and the approval of a physician to participate in exercise and other athletic activities at KAWC. We are not aware of any physical or medical condition that would create any risk of injury or death in participating in any program or activity held by KAWC. We understand that this membership is being granted based on the representation that I and participating family members are physically capable of participating in all programs and activities of our choice without illness or injury to me, them or others.

(c) I and participating family members, being aware of the risks of illness, injury, accident, or damage to property inherent in the use of KAWC's facilities, rented facilities, services and activities, agree to be solely responsible for and to assume all such risks, including the risk that the facilities were negligently operated or maintained or activities at KAWC were negligently conducted.

(d) In consideration of being permitted to participate and use KAWC's services, facilities and programs, I and participating family members hereby expressly agree to forever discharge, waive, and release KAWC, its agents, servants and employees, from any and all claims, demands, injuries, actions, damages, or causes of action relating or arising out of any active or passive negligence by KAWC or its employees causing bodily injury, mental injury or property damage as a result of any accident, loss, damage or injury suffered by me or participating family members arising out of, connected with, or caused by the use of KAWC's services, programs and/or facilities, including any injury arising from any mechanical defects, failure of equipment or defective condition of the premises.

(e) Please use respectful language/behavior to staff, participants and facility members/guests. Any member of KAWC staff has the right to ask you to leave the premises if deemed necessary.

I hereby release KAWC from any and all claims. I have read and understand this waiver of liability in its entirety.

Child Name: _____ Date: _____

Parent Name: _____

Parent Signature: _____