



**HSHS  
Athletes Advantage  
Sports Medicine**

**IMPROVE BALANCE · LEARN PROPER TECHNIQUE · DEVELOP STRENGTH TRAINING SKILLS**

This 6-week program will focus on introducing the young athlete to correct strength training techniques, functional movements, and appropriate use of weight training equipment. Proper warm-up, dynamic stretching, and flexibility will also be incorporated.

**Dates: Tuesday & Thursday June 11th - July 25th**  
**Time: 8:00 - 9:00 AM**  
**Where: Greenville High School**  
**Meet at the Weight Room**  
**Fee: \$40.00**  
**Instructor: Brandon Kircher, ATC**  
**Open to students going into 6th - 8th grade**  
**Note: There are NO classes July 2nd or 4th**



Check Enclosed # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Athletes Name \_\_\_\_\_ Sex: M / F Birth Date \_\_\_\_\_ 2019-20 Grade \_\_\_\_\_

Home Address \_\_\_\_\_ City, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Current Medications \_\_\_\_\_ Medical Conditions \_\_\_\_\_

Allergies \_\_\_\_\_

Register with payment no later than one week before the camp begins. "Required Waiver" must be signed by parent or legal guardian before participating in camp. Please print. Use one form per athlete.

**Make checks payable to "Greenville High School."**

**REQUIRED WAIVERS:** I understand that by signing this form and attending a Young Athlete Enhancement program I hereby waive and release any and all claims, demands and causes of action which I may have or anyone may have through me against Athletes Advantage, camp staff and volunteers, HSHS Holy Family Hospital, or Hospital Sisters Health System, for any injuries that may be incurred or aggravated, arising out of in any way at the program, or on the way to or from camp activities during the summer of 2019. I further understand that neither the personnel, HSHS Holy Family Hospital, or Hospital Sisters Health System shall have any responsibility or liability for loss or damage to personal property.

Guardian Signature \_\_\_\_\_ Student Signature \_\_\_\_\_

Print Guardian Name/s \_\_\_\_\_ Day/Emergency Phone No/s \_\_\_\_\_

I also hereby give HSHS Holy Family Hospital the unqualified right and permission to reproduce, copyright, publish, circulate, or otherwise use photographic reproductions or likenesses taken during the Young Athlete Enhancement program. This authorization and release covers the use of said material in any published form, and any medium of advertising or publicity.

Guardian Signature \_\_\_\_\_ Student Signature \_\_\_\_\_

Print Guardian Name/s \_\_\_\_\_

Mail/deliver with check to the **Greenville High School ATTN: Joe Alstat**, 1000 E. St. Rte. 140, Greenville, IL 62246.