



MINISTER OF MUSCLE PERSONAL TRAINING



PRESENTS

MINI MUSCLES BOOTCAMP!

Grades 2nd-5th

Learning the fundamentals of proper form and safety for a lifetime of fitness focusing on:

- . Strength Training
- . Agility/Speed
- . Sports Conditioning
- . Endurance
- . Increasing Focus
- . Building Confidence and Self-Esteem

For more information, call: 419-481-6965 or email us at: ministerofmuscle1@yahoo.com

Classes Begin: Monday, August 13th Last Class: Monday, November 26th

No Class: 09/03 (Labor Day), 09/24 (Fall Break), 10/15 (Conference Week), 11/19 (Thanksgiving Break)

Classes are on Mondays: 2:30-3:30 p.m.

Davis Elementary ASEP Mini Muscles Bootcamp Registration Fall 2018

Student Name _____ Grade _____ Teacher _____

Parent Name _____ Primary Contact # _____

Email _____ Secondary Contact # _____

Program Fee: \$210 per student (includes t-shirt and weekly snack). Please provide a water bottle for your student each class.

Please return bottom portion to Minister of Muscle office by mail or drop off, 2986 Johnson Ferry Rd Ste 128, Marietta, GA 30062, (Backside of building) with checks payable to: Minister of Muscle

T-shirt Size: _____ Y-Medium _____ Y-Large _____ A-Small _____ A-Medium

After Bootcamp, my child will be: _____ Attending ASP or _____ Picked up in Carpool*

*Please note that carpool students will be admitted to ASP, and charged any required ASP fees, if they are not picked up within 10 minutes after the end of class.

I hereby agree to release and hold harmless the Davis Elementary Foundation its officers, trustees and representatives, and Minister of Muscle LLC, its employees and representatives, from any responsibility, loss, liability, damage or costs which Participant may incur in this after school program whether caused by the negligence of Davis Elementary and/or Minister of Muscle LLC, the negligence of Participant and/or others, or due to accidental occurrences. In the case of injury or medical emergency involving Participant, if a parent or guardian cannot be reached, I give Minister of Muscle LLC representative permission to seek appropriate first aid or medical care, and I agree to be fully responsible for the cost of any services provided.

Parent/Legal Guardian Signature _____ Date _____