



**MINISTER OF MUSCLE**  
PERSONAL TRAINING



PRESENTS

# MINI MUSCLES BOOTCAMP!

\*\*\*Grades 1<sup>st</sup>– 5<sup>th</sup>\*\*\*

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](mailto:ministerofmuscle1@yahoo.com)

Classes Begin: Monday, January 14<sup>th</sup>    Last Class: Monday, April 29<sup>th</sup>

No Class: 01/21 (MLK Day), 01/28 No Class, 02/18 (Winter Break), 04/01 (Spring Break)

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

## Davis Elementary ASEP Mini Muscles Bootcamp Registration Spring 2019

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-Small \_\_\_\_\_ 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 \_\_\_\_\_