

Fall Core-Strength Training C.A.M.P.S.

January 9 – March 30, 2012

Name	Referred by	Date
Age	Sex	Birth-date
Address		
City	State	Zip
Phone	Work Phone	Home/Cell

Email address (please print) _____ Shirt size: S / M / L / XL

Fitness Level: None: _____ Beginner: _____ Experience: (how long)? _____

Session dates/Costs:

_____ 4 week Session	\$159	Camp I	Jan 9 - Feb 3	_____ 4 week Session	\$159
_____ Camp II	Feb 6 – Mar 2				
_____ 4 week Session	\$159	Camp III	Mar 5 – Mar 30		
_____ All 3 CAMPS	\$419(save \$58)		Jan 9 – Mar 30		

Days/Times: (please pick your first and second choice)

_____ Tues & Fri. 6:30-7:30 am _____ Mon & Thurs 9:15-10:15 am/ NEW!

_____ Weds 12:30-1:30 pm & Fri 11:30-12:30pm _____ Tues & Thur 5:30-6:30 pm *Min. 6 Max 10 participants per class. First come/first served upon payment received.

Paid Cash	Check #	CC#	Amount
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I know that participating in the ATS training events are potentially hazardous activities. And I know that I should not participate unless I am medically able and properly trained. I agree to abide by any decision of the coach relative to my ability to complete an activity safely. I assume all risks associated with participating in the ATS events including, but not limited to, falls, muscle strains or tears, broken bones and contact with other participants. All risks being known and appreciated by me, having read this waiver and knowing these facts, I, for myself, and for anyone entitled to act on my behalf, waive and release the ATS Team, and all sponsors and representatives and successors from all claims of liabilities of any kind arising from my participation in the ATS activities, even though a liability may arise from negligence or carelessness on the part of persons named in this waiver. I grant permission to all the foregoing to use any photographs, motion pictures, recordings, or any other record of any club event for any legitimate purpose.

Signature	Date
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Athlete's Training Solutions

At the Bay Club - One City Center - Portland, ME 04103

www.getATS.com