

# Jr. Spartacus Registration

It's baaaaaacccckkkkk! Strength, speed, agility, and endurance training all bundled up into one 45 minute workout. Put down the video games, turn off the TVs, and throw away the phone. No matter what sport your child plays, the non-stop action in this class will be sure to not only keep him/her entertained, but also improve his/her performance on the field. Plus, it gives your child a huge advantage when he/she starts strength training in high school.

## Details:

- Where: Ageless in Gillespie or Staunton (Must choose one location. Due to size limitations, kids will only be allowed at the location they originally chose on their registration form)
- Who: Boys and Girls 5th- 8th Grade
- When: 5pm - 5:45pm on Tuesdays (December 8th, 15th, 22, 29th)
- Cost: \$20 per child
- Misc: Register by December 3rd. Due to space limitations, class size is limited to 20 kids.
- Instructor: Pete Visintin

Please return the form below to Ageless in Gillespie, Ageless in Staunton, or mail it to: Ageless, 103 North Jersey Street, Gillespie, IL 62033.

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## Jr. Spartacus Form

### Registration forms are due by December 3rd

Name: \_\_\_\_\_

Grade level: \_\_\_\_\_

Gym Location: \_\_\_\_\_ (Staunton or Gillespie)

Parents' Names: \_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

### Liability Waiver

As the parent or legal guardian of \_\_\_\_\_ (print name of child), I hereby give permission for my child to participate in activities at Ageless, LLC. I understand that the program has activities that can involve physical contact with other participants, the ground or equipment, and that there is a resulting risk of physical injury to my child.

I have explained these risks and benefits of participating in this program to my child and my child is in proper physical condition and has no existing injuries or conditions that could jeopardize his/her safety or health, or the safety or health of the other participants.

I therefore release and discharge all liability for any harm or injury suffered directly or indirectly as a result of my child's participation in any activities at Ageless LLC, including but not limited to the LI' Muscles Exercise Program, whether or not resulting from negligence, and I agree not to sue Ageless, LLC, its representatives, staff, or volunteers on any such claim. I also give permission for the staff, representative, or volunteers of Ageless, LLC to administer first aid or to seek medical care for my child during my child's participation in the program, including transportation of my child to a medical facility for additional treatment that appears necessary.

Print name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_