

# Offseason Basketball Training

*Who:* 5th grade - high school boys and girls

*When:* Monday Evenings May 8th - 29th (4 weeks)

5th grade - 8th grade 6:30-7:30pm, High School 7:30-8:30pm

*Where:* Ageless in Gillespie

*What:* One 60 minute session (4 per month)

*Cost:* \$39 (4 sessions)

*Misc:* Spots are limited. This is small group training so no more than 8 athletes will be allowed in each training sessions. Spots are filled on a first-come-first-serve basis.

For more information, please contact us at 217-839-2484 or [BeTheChange@ageless-fitness.com](mailto:BeTheChange@ageless-fitness.com).

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

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## Basketball Offseason Small Group Training Session II

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

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

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

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

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

Preferred Days/Times: \_\_\_\_\_

### 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: \_\_\_\_\_