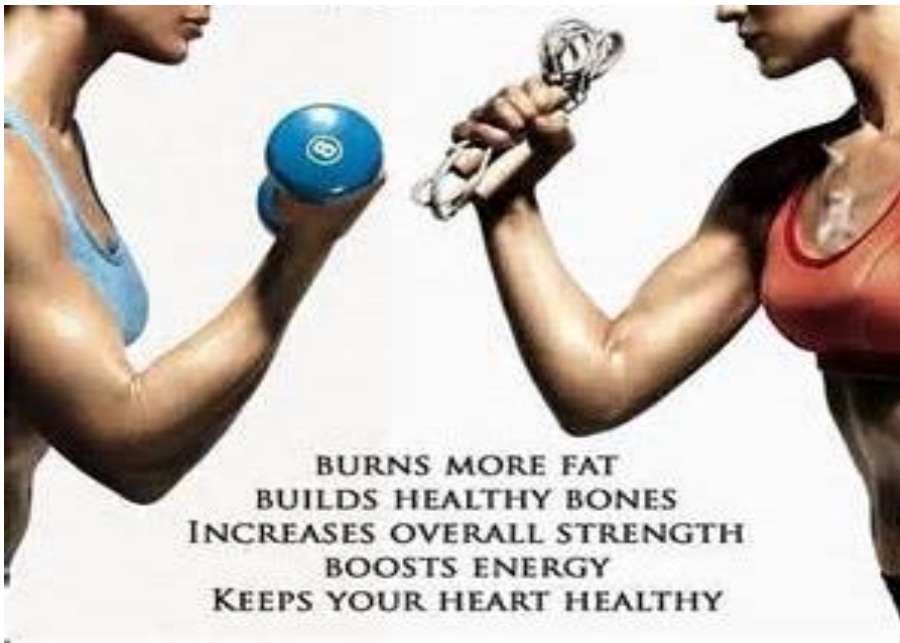


ADULT FITNESS

**STRENGTH & CONDITIONING @ THE
VILLAGE SCHOOL WEIGHT ROOM!!**



BEGINNING 11/30/15 **ADULT FITNESS @ THE VILLAGE SCHOOL**

Get Fit NOW for the Holidays!

Now you can get fit and be at your best *BEFORE* the holidays. Don't wait until January. Get started NOW. Our program is fast paced, packed with energy and no two sessions are alike. Work at your pace no matter your age, or fitness level. All programs are customizable so *EVERYONE* reaches their goals!

Regardless of your age or fitness level—our Adult Fit program will help you reach your ultimate fitness goals. Through our *HIGHLY INTEGRATED TRAINING System*, and a foundation centered on injury prevention, our Programs are customized to push you to new heights.

COST: \$10.00 per session/ \$5 Lunch Time or \$75.00 per month Unlimited Training.

Questions – Contact:

Scott Kellar, CSCS | Director of Performance | The Village School | 832-259-8954 | skellar@thevillageschool.com

ADULT FIT TRAINING @ THE VILLAGE SCHOOL

You will enjoy the benefits of functional strength and cardiovascular fitness. Each training session will have its own specific emphasis. No two sessions will be exactly alike. The energy, challenge and program variety will keep you coming back

Monday – Friday
8:00 – 9:00 AM
12:30 – 1:00 PM
Lunch Time
Express

**Meet daily in the Strength
and Conditioning Facility
on the Village School
Campus. (Some days will
be outside on the new
athletic field).**

ATHLETES ACCELERATED PERFORMANCE

3019 Grand Mesa Pass
Missouri City, TX. 77459
832-259-8954

Days & Times
Monday – Friday
8:00am – 9:00am
Fitness Express Daily from
12:30 – 1:00pm

ADULT FIT MEMBERSHIP INFORMATION & WAIVER FORM

DATE: _____

MEMBER NAME: _____ AGE: _____ M ☐ F ☐

VILLAGE SCHOOL FACULTY / STAFF: YES ☐ NO ☐

ADDRESS: _____ CITY: _____ ZIP: _____

EMAIL ADDRESS: _____

MOBILE #: _____

Date of Birth: _____ Physical on File (current year): Yes ☐ No ☐

Medical History Information

Please check each condition that you have been told you have or had:

_____ Allergies	_____ Asthma	_____ Heart Problems
_____ Dizziness/Fainting	_____ Arthritis	_____ Nosebleeds
_____ Hearing/Visual impairment	_____ Epilepsy	_____ Migraines/Headaches
_____ Diabetes	_____ HIV/AIDS	_____ Concussion(s)
_____ Fractures: _____		
_____ Other (explain) _____		

Have you had any surgeries? Please list type and date: _____

Please list medications currently taking: _____

Emergency Release Information:

Emergency contact name: _____

Relationship to Member: _____

Emergency contact number: _____

Primary Physician: _____

Hospital preferred: _____

RELEASE & WAIVER:

In the event of an emergency, I authorize Athletes Accelerated Performance, LLC to secure whatever medical care is necessary for my wellbeing. I will assume all costs incurred for any and all necessary emergency care. On behalf of myself and my children/heirs, I fully waive and release any/all claims against Scott Kellar, CSCS, Athletes Accelerated Performance, LLC, The Village School, its employees, officer's agents and representatives from any injury/illness arising out of or related with participation in the Adult Fitness programs.

Name (Print): _____ Date: _____

Signature: _____