



Winter Conditioning & Athletic Strength Training

Winter 2019-2020 • Grades 2-8

Athletes need to spend time conditioning. Winter is the perfect time to start!

Physical fitness training is an important life lesson for all children and young athletes. Winter Conditioning, coached by Mike Czech, demonstrates how to safely gain strength for sports, prevent injury, stretch properly, and have fun! Athletes who desire more speed and want to gain an advantage will benefit! This co-ed program is open to 2nd-8th grade Springfield residents and children who attend a school in Springfield. Minimum enrollment is required. No refunds are provided past one week prior to the first date of each session. Please note that 6th-8th graders will also receive age-appropriate weight training instruction.

Session 1

Fridays from November 15, 2019-January 3, 2020

No class on November 22, 2019, and December 27, 2019

Location: Chisholm Community Center

Grades 2-5 @ 4:30-5:30 pm

Grades 6-8 @ 5:30-6:30 pm

Session 2

Fridays from January 10, 2020-February 14, 2020

Location: Chisholm Community Center

Grades 2-5 @ 4:30-5:30 pm

Grades 6-8 @ 5:30-6:30 pm

Cost: \$75 per session (payable to Township of Springfield)

Includes: Professional coaching instruction, apparel item



Register by mail or in person at the Springfield Recreation Department.

Chisholm Community Center • 100 South Springfield Avenue • (973) 912-2227 • Monday-Friday @ 8:00 am-6:00 pm

Or register online with a Visa, Mastercard, or Discover (\$0 processing fee) at <https://register.communitypass.net/springfield>

Questions? Contact Daniel Hesse, Recreation Program Coordinator, at daniel.hesse@springfield-nj.us

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CHOOSE: SESSION 1 _____ SESSION 2 _____ BOTH SESSIONS _____

FIRST NAME _____ LAST NAME _____

GRADE _____ SCHOOL _____ DATE OF BIRTH _____

SHIRT/TOP SIZE (CIRCLE ONE)	YXS	YS	YM	YL	YXL	AS	AM	AL	AXL
SHORT/PANT SIZE (CIRCLE ONE)	YXS	YS	YM	YL	YXL	AS	AM	AL	AXL

STREET ADDRESS _____ TOWN _____

HOME PHONE _____ PARENT CELL PHONE _____

EMAIL _____

HEALTH CONCERNS/PHYSICAL LIMITATIONS/ALLERGIES/INHALER/EPI-PEN/GLUCAGON/MODIFICATIONS REQUESTED _____

My child has been examined by a physician, and to the best of our knowledge is physically fit to participate in this conditioning and athletic strength training program. Permission is hereby granted for my child to engage in this conditioning and athletic strength training program. The Township of Springfield, employees, or coaches will not be liable for any injury incurred from practices or games. I understand that the community center is open to the public, and members of the public and the press may advertently or inadvertently photograph and video my child and use those images for their own use without my permission. I give permission for my child's photograph and video to be captured by Township of Springfield employees and used in print publications, online publications, presentations, websites, and/or social media. I understand that under state law, participants who normally wear corrective eyeglasses must wear protective shatterproof eyewear during sports activities. I hereby authorize representatives of the Springfield Recreation Department to give consent for any and all necessary emergency First Aid or medical care for my child while he or she attends this conditioning and athletic strength training program.

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____ Date _____