

# 2016 Summer Speed & Agility Camp

Hosted by: Joey Bolduc,  
ACSM Certified Personal Trainer

This camp is perfect for any athlete who would like to: Improve speed, agility, endurance, and overall conditioning and running form and mechanics

## WHEN:

Monday, July 11th – Friday, Aug. 12th  
Mon., Wed. & Thurs. 9:00-10:00

**LOCATION:** Barnard Park

## COST:

### Pick-A-Week:

Any week of your choice  
3 sessions for \$45 (\$15 per session)

### ALL Five Weeks

15 sessions for \$180  
(\$12 per session)

**AGES:** 13 & up

## CONTACT INFORMATION:

Joey Bolduc 603-247-1455 or  
jbolducmusic@hotmail.com

## Registration Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birthday \_\_\_\_\_ Grade: \_\_\_\_\_

Legal Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Each week we will meet Monday, Wednesday & Thursday from 9:00-10:00 Please Indicate by circling below which weeks you would like to attend.

Week 1 July 11th - 15th (\$45)

Week 2 July 18th - 22nd (\$45)

Week 3 July 25th - 29th (\$45)

Week 4 August 1st - 5th (\$45)

Week 5 August 8th - 12th (\$45)

All Five weeks July 11th - August 12th (\$180)

Total: \_\_\_\_\_

Checks can be made out to: Joey Bolduc

## Emergency Information & Parent Permission

Emergency Contact Person: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Doctor's Phone #: \_\_\_\_\_

### Parent/Guardian Consent For Participation:

I hereby give consent for my child to participate in Joey Bolduc's Speed and Agility Camp. My signature indicates that the above information is accurate and that I understand there is a risk of injury associated with participation in this activity. In the event of a serious injury and I cannot be reached, Joey Bolduc has my permission to seek appropriate medical attention for my child.

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

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

Please send Registration form and Emergency Information/Parent Permission forms to:

Joey Bolduc  
114 Sharon Street  
Manchester, NH 03102

You will be contacted shortly with confirmation of your purchase.