



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

AGILITY, POWER, SPEED AND STRENGTH

ATHLETIC DEVELOPMENT W/TRAINER TYLER AULBUR

Are you a student athlete looking to increase your overall athletic performance? Tyler will create a personalized workout to meet your sport specific goals.

Athletic Development Packages

4 Sessions - \$80

8 Sessions - \$160

6 Sessions - \$120

12 Sessions - \$240



ATHLETIC DEVELOPMENT REGISTRATION

Today's Date: ___/___/___

Name: _____

Age: _____

Parent Name: _____

***MUST BE AT LEAST 10 YEARS OLD TO PARTICIPATE**

Phone #: _____

Email: _____

****Please allow at least 48 business hours to be contacted****

What sports do you currently participate in? _____

What areas would you like to improve in? _____

Any previous weight training experience? _____

In consideration of my child's participation of the YMCA of Callaway County, I do hereby agree to hold free from any and all liability the YMCA of Callaway County and its respective officers, employees, volunteers and members, and do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights for damages which my child may have or which may hereafter accrue to them arising out of or connected with there participation in any activities of the YMCA of Callaway County.

I do hereby further declare my child to be physically sound and suffering from no condition or illness that would prevent there participation in any activity of the YMCA of Callaway County. I acknowledge that they have either had a physical examination and have been given their physician's permission to participate, or that I have decided they can participate in this activity without the approval of their physician.

I hereby irrevocably release, consent and allow the YMCA of Callaway County and its agent to use my photograph/likeness/voice, including all persons as listed, as it pertains to my participation with the YMCA, in any manner for promotional efforts without exception for any reimbursement in connection with its use.

PARENT SIGNATURE: _____

DATE: _____