This class will offer both a strength and conditioning workout. The primary goals of this program is to improve athletic performance by improving strength, power, speed/agility, quickness, and cardio respiratory capacity. This program will also improve confidence and mental toughness and decrease the likelihood and severity of injury.

Date:	July 6– July 24, 2020 Monday, Wednesday, Friday				
Time:	9:00 –10:00 AM				
Fee:	Member: \$25.00 (payable to the City of Jefferson) Non-member: \$35.00				
Ages:	5th-8th grade				7
Instructor:	Nathan Kral, Simeon Lang				
Location:	: Greene County Community Center & Other outside location to be determined				
		ter at the Greene Count payment to JPRD, 204			
Name		Grade	Age	Birthdate	
Address		City	Zip	Email	
Home Phone #		Work Phone #		Cell #	
	C member? Y				
signed participant ( that such activity m ry, damage or loss sue the Jefferson Pa of governing and au undersigned for an er due to negligenc and hold harmless t participation in any authorize any emer (vi) consent to my WAIVER AND M	for, if under age 18, the play involve risk of bodil which may occur as a reark and Recreation Departure and all damage or loss of the releasees or other than the releasees identified a such activity or programatic gency first aid, medication picture being used for put EDICAL AUTHORIZA	participant's parent or leggy injury or property dama sult of participating in su- artment and the City of Je- tatives, agents, coaches, of, and any claim or deman erwise, as a result of participation and all log m, (v) in the event of any ion, medical treatment or ablicity or promotional pu- trion AND VOLUNTAL	and Recreation D al guardian on his age, (ii) assume ful ch activity, (iii) re- fferson and their a officials and volun d therefor, on acco- cipating in any su- ss, liability, damag injury or illness w surgery deemed no urposes. I HAVE RILY SIGN IT.	epartment activity or program I, the or her behalf): (i) recognize and ack I responsibility for and risk of any bease, waive, discharge and covenant dministrators, officers, employees, noteers (the "releasees") from all liability and of injury to my person or proper that activity or program, (iv) agree to e or cost that they may incur as a reshile participating in such activity or processary by licensed medical person READ AND FULLY UNDERSTAN	knowledge podily inju- t not to members lity to the rty, wheth indemnify sult of my program nel, and
Parent or Guardian	Signature:			Date:	
yes		that would prevent full tes, seizures, allergies (b Amt pd	ee stings), etc.	•	