SPORTS PERFORMANCE TRAINING FOR THE YOUNG ATHLETE

Featuring Former MSU Spartans – TJ Duckett, Andre Hutson & Tim Bograkos - The Spartan Dawgs

Sundays 6 – 7 PM   Jan 12, 19, 26, Feb 9, 16, 23 @ IM Sports Circle

The Spartan Nutrition and Performance Program (SNAPP) has teamed up with former MSU Spartans - the Spartan Dawgs – to improve our Speed and Athletic Performance camp.

This camp focuses on the development of fundamental athletic movements including:

- Dynamic (athletic) stance
- Proper Sprinting mechanics
- Stopping and starting
- Changing directions
- Reaction time
- Quickness

- Balance
- Coordination
- Jumping
- Conditioning

Plus NUTRITION and MENTAL SKILLS and LIFE SKILLS to BUILD THE COMPLETE ATHLETE

Sessions have been designed by MSU experts in pediatric exercise physiology and sports nutrition and will be supervised by professional staff from the Spartan Nutrition and Performance Program and former MSU Spartan athletes. Sports nutrition experts from SNAPP who work with Spartan Athletics will speak with parents about proper nutrition for the young athlete and the family during the training sessions and the Spartan Dawgs will provide valuable input into living the complete life of an athlete based on their experience.

Ages: 10-18 years old

Cost: $100 for 4 sessions / $120 for 6 sessions.
Space is limited. 40 participant maximum (10:1 athlete-instructor ratio)

Location: IM Sports Circle
Parking in north stadium lot.

Call today and reserve your spot: 517-884-6133
www.SNAPP.msu.edu
# SPORTS PERFORMANCE CAMP
## REGISTRATION FORM

### I. Athlete Information
<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Circle: Male</th>
<th>Female</th>
</tr>
</thead>
</table>

### II. Parent Information
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email address</td>
<td></td>
<td></td>
<td></td>
<td>Phone</td>
</tr>
<tr>
<td>Emergency Contact Name</td>
<td>Emergency Phone Number</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### III. Program Selection
- Speed & Athletic Enhancement 6-7 PM  JAN – FEB CAMP
  - □ 4 sessions $100
  - □ 6 session $120

**Payment options** include:
1) online at [https://commerce.cashnet.com/msu_3723](https://commerce.cashnet.com/msu_3723) by credit card
2) send check made payable to Michigan State University to our mailing address (see below)
3) pay in person by credit card or check at our business office – open Mon – Thurs 1- 5 PM
4) call in credit card payment 517-884-6133

**Please complete the registration form plus the waiver forms and return to:**
Spartan Nutrition and Performance Program
4660 S. Hagadorn Rd., Suite 400
East Lansing, MI 48823

Athletes and parents **must** read and sign the **WAIVER FORMS** before beginning training.
ACKNOWLEDGEMENT OF RESPONSIBILITY
AND INFORMED CONSENT

I, __________________________, would like my minor child to participate in
(name of parent or guardian)
___________________________________________________
(program or activity)
in East Lansing. I understand that this activity entails a risk of injury, and that when young people are
engaging in sports performance training or testing, accidents can happen even when there is
supervision. I know that my child and I bear some responsibility for minimizing the risk of injury. I
will talk with him or her about the importance of safe behavior.

1. HEALTH NEEDS. My child has no health related condition or disability that limits
his or her ability to participate in the program or activity, except as follows:

________________________________________________________________
________________________________________________________________
________________________________________________________________

2. EMERGENCY. In case of medical emergency occurring while my child is
participating in a program or activity, I authorize MSU, in advance, to secure
whatever treatment it deems necessary. MSU may take such actions as it
considers to be warranted under the circumstances for my child’s health and
safety. I agree to bear the expense for any emergency medical treatment and
release MSU from liability for the same.

3. RULES AND REGULATIONS. I have directed my child to listen and be mindful of all
safety instructions provided him or her, and to abide by all programs rules.

4. BEHAVIOR. MSU reserves the right to remove or restrict a child who does not
listen to instructions, engages in bullying, hostile behavior, or other actions that
interfere with the conduct of the program.

I HAVE READ THIS ACKNOWLEDGEMENT. I UNDERSTAND AND ACCEPT IT.

Dated: __________________________
(Child’s name and date of birth)

Emergency contact: __________________________
(name & phone)

__________________________________
(Parent/Guardian signature)
To be completed by participant

GENERAL ASSUMPTION OF RISK & RELEASE OF LIABILITY

Michigan State University is a public educational institution. References to the University include its Board of Trustees, employees, volunteers, and students.

I _____________________________, freely choose to participate in the _____________________________ (“Program”). In consideration of my participation in this Program, I agree as follows:

RISKS INVOLVED IN PROGRAM (Inherent in this Program’s activity)

Bodily injuries resulting from exercise training or testing in a sports performance clinic setting involving speed and agility training, plyometrics, and resistance training exercises

I recognize that the above specifications are not complete and that participation in the Program could lead to untoward consequences which are not anticipated.

I understand that participation in this Program is voluntary and I may withdraw at any time. I understand that participation may or may not actually benefit me.

HEALTH AND SAFETY: I have been advised to consult with a medical doctor regarding any personal medical needs. There are no health-related reasons or concerns that preclude or restrict my participation in this Program, except as stated here ____________________________________________

______________________________________________________________________

I have obtained any required immunizations. In case of a medical emergency occurring during my participation in this Program, I authorize, in advance, the University to secure whatever treatment is deemed necessary. The University may (but is not obligated to) take any actions it considers to be warranted under the circumstances for my health and safety. I agree to pay all expenses for such medical treatment and I release the University from any liability.

ASSUMPTION OF RISK AND RELEASE FOR LIABILITY: Knowing that participation in the Program entails some risks, and in consideration of being permitted to participate in the Program, I agree to release the University from any and all costs, claims, injury or illness resulting from my participation in the Program, other than for the University’s intentional misconduct or gross negligence.

I accept the Program rules and regulations. I have been advised that I should look to my own health insurance policy in case of injury. I have read and fully understand this document. All blank spaces were filled in and/or sections crossed out prior to my signing.

DATE: ___________________________  Participant