

# Functional Fitness Training

## Attention: All Athletes

Functional Training is designed to improve the neuromuscular aspects of the human body and is an area of training that can be formatted for athletes of all ages. The purpose of functional fitness is to enhance an athlete's core strength (primarily legs, abdomen and lower back). The areas of concentration include strength, flexibility, balance, torque, kinetics, joint integrity and postural stabilization. Our goal is to help kids reach their full potential giving them the ability to play at their optimal game performance. Our instructors have 20 years of Physical Education experience and have been nationally certified in Functional training. **The cost per one hour session is \$12.50. There will be 2 groups available, with a minimum of 10 participants and a maximum of 20 participants per group.**

**\*\* \*Circle One Session and Group\*\***

### Group 1 (12& Under)

<b>1<sup>st</sup> 10 Sessions:</b>	Jan. 3 <sup>rd</sup> – Jan.24 <sup>th</sup>	\$125.00
<b>2<sup>nd</sup> 10 Sessions:</b>	Jan. 26 <sup>th</sup> – Feb 16 <sup>th</sup>	\$125.00

### Group 2 (High School)

<b>1st 9 Sessions</b>	Jan 3 <sup>rd</sup> – Jan. 20 <sup>th</sup>	\$112.50
<b>2<sup>nd</sup> 9 Sessions</b>	Jan. 24 <sup>th</sup> - Feb. 10 <sup>th</sup>	\$112.50

### Mondays, Wednesdays & Thursday

1 <sup>st</sup> Group	4:00p.m.-5:00p.m.	12 & Under
2 <sup>nd</sup> Group	5:00p.m.-6:00p.m.	High School

\* Groups may be cancelled if minimum numbers are not met. This may change the times of the other Groups!

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### Application

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Phone: \_\_\_\_\_ Emil: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Gender:  male  female  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ T-shirt size: S M L XL

Parents' Name: \_\_\_\_\_

P.O. Box 406

Phone:(270)765-7478

E-Town Ky. 42702

Fax:(270)765-5169

#### Condition of Application (Applications void without signature below):

I/We, being the parents and/or legal guardians of the applicant, authorize the staff of The Players' Dugout, Inc. and its agents to act for the above named applicant according to their best judgment in any emergency requiring medical attention and, hereby, waive and release The Players' Dugout, Inc., its officers and its staff members from any and all liability for any injuries or illness incurred for the above named applicant while participating in any Players' Dugout Baseball Training Program. Further, I/We claim that the registrant has had a physical examination in the past year and has been found fit for all physical endeavors.

Signature of parent and/or guardian: \_\_\_\_\_ Date: \_\_\_\_\_