



SPORTS PERFORMANCE



WILL YOUR
ATHLETE STAND
OUT FROM THE
PACK?

DETROIT THRIVE Sports Performance Training For Teens: Our Eight Week Intense Athletic Development Program for teens offers an innovative approach to training used by College & Pro Athletes to give them the edge.

The program includes instruction in movement training, injury reduction and rehabilitation, linear and lateral speed techniques, foot speed and agility, explosive power development, proper functional strength training and energy system conditioning. The program is locally run exclusively at Detroit Thrive Training Systems, located inside the Mack Athletic Complex .

Our exclusive program designed by the world renown Mike Boyle, Strength and Conditioning Coach for Boston University, the NHL's Boston Bruins, the USA Women's Olympic Silver Medalist Ice Hockey team, and the 2013 World Series Baseball Champion Boston Red Sox.

WE TRAIN FUTURE ATHLETES FOR SUCCESS

Each 60 minute workout consists of:

- Functionally Sound Movement Training;
- Strength Training;
- Conditioning;
- Strong Technique Focus.

Programs are progressed when technique has been mastered and all athletes are led by our trained Detroit Thrive Coaches.

SPEED - Acceleration, Deceleration, Linear and Lateral Movement Techniques, Running Mechanics, Footwork

EXPLOSIVE POWER - Olympic Lifting, Plyometric, Medicine Ball, Jumping & Landing Techniques

STRENGTH - Functional Approach, Thorough Instruction, Focus on Upper Body, Lower Body & Core

CONDITIONING - Game Ready Preparation for all Athletes.

FLEXIBILITY - Myofascial Release (Foam Rolling), Various Forms of Stretching, Muscle Activation

INJURY REDUCTION - Identify & Correct Muscular Imbalances, Balance & Stabilization



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June 22 - August 11

Participant's Name: _____
First Name Last Name
D.O.B: ____/____/____ Participants E-mail: _____
Home Address: _____ City: _____ State: _____ Zip code: _____

Sport Training for: _____ **Coach Contact Details (if applicable)**
Club Name: _____ Coach: _____
Position Played: _____ Email: _____
Phone: _____
Guardian Name: _____ Guardian E-mail: _____
First Name Last Name

Guardian Phone: _____
Emergency Contact Name: _____ Emergency Contact Phone: _____

Check the session you wish to enroll in:
Ages 10 and up, MW or T/TH, *Members receive 20% off children's programs

- | | | |
|--|--|---|
| 2 Days Per week
Monday/Wednesday
<input type="checkbox"/> 10:00-11:00
<input type="checkbox"/> 12:30-1:30
<input type="checkbox"/> 3:30-4:30
\$299 | 2 Days Per week
Tuesday/Thursday
<input type="checkbox"/> 10:00-11:00
<input type="checkbox"/> 12:30-1:00
<input type="checkbox"/> 3:30-4:30
\$299 | Ages 6-9 *
Monday/Wed
<input type="checkbox"/> 9:00-10:00
<i>*At ESH Ice
Arena</i>
\$199 |
|--|--|---|

Payment Method (please check)
 Cash at club Check at club Credit Parent Members Account

Card No |_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____| Card Expiry ____/____ 3DigitCode _____

By signing below, I acknowledge and accept the terms & conditions below.

Guardian Signature ____/____/____
Date

Terms & Conditions
Enrollment is valid for the class time allocated only. Participants must abide by the club rules and direction of the Thrive Coach at all times. Failure to comply with the Thrive Coach directions will result in non-refundable cancellation. During training, photographs & video may be taken and used in a variety of future publications, brochures, posters and on internet sites for promotional purposes. You are granting a non- exclusive license to reproduce this material as determined by Detroit Thrive without further permission and for which no entitlement or remuneration will be paid and that all rights in the photographs are waived. The photographs will not be used in a manner deemed to be adverse or defamatory to the Participant.
Exercise by its nature may result in injury from time to time. Detroit Thrive & MBSC Thrive take no responsibility for any injuries incurred.

Guest Waiver Form

This form is an important legal document. It explains the risks you are assuming by using DETROIT THRIVE. It is critical that you read and understand it completely. After you have done so, please print your name legibly and sign in the spaces provided at the bottom.

Waiver and Covenant Not to Sue

I, _____ have volunteered to participate in the use of *DETROIT THRIVE*, which will include, but may not be limited to, weight and/or resistance training, and sports training and activities. In consideration of *DETROIT THRIVE*, I do here and forever release and discharge and hereby hold harmless *DETROIT THRIVE* their respective agents, heirs, assigns, contractors, and employees from any and all claims, demand, rights of action or causes of action, present or future, arising out of or connected with my participation at the facility including any injuries resulting there from.

Assumption of Risk

I, _____, recognize that sport training and activities might be difficult and strenuous and that there could be dangers inherent in exercise for some individuals. I acknowledge that the possibility of certain unusual physical changes during sport training and activities does exist. These changes include abnormal blood pressure, fainting, disorders in heartbeat, heart attack, and in rare instances, death.

I understand that as a result of my participation in sport training and activities, I could suffer an injury of physical disorder that could result in my becoming partially or totally disabled and incapable of performing any gainful employment or having a normal social life.

I recognize that an examination by a physician should be obtained prior to involvement in sport training and activities. If I, _____, have chosen not to obtain a physician's permission prior to beginning this exercise program with *DETROIT THRIVE*, I hereby agree that I am doing so at my own risk.

In any event, I acknowledge and agree that no warranties or representations have been made to me regarding the results I will achieve from this program. I understand that results are individual and may vary.

NAME _____ DATE _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

Participant's Signature

Date

Parent/Guardian Signature

Date