



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 Eastside Hockey Ice Arena.

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









AFTER SCHOOL ATHLETE PROGRAM

March 4th – April 26th

Participant's Name: First Nar		Last Name				
D.O.B:/		Participants E-mail:				
Home Address:		_City:	State: _	Zip code:		
Sport Training for:		Coach Contac	t Details (if applica	able)		
Club Name:		Coach:				
Position Played:	· · · · · · · · · · · · · · · · · · ·	_ Email:				
		Phone:				
Guardian Name:		_ Guardian E-mai	l:			
First Name Guardian Phone:						
Emergency Contact Name:		Emergency C	ontact Phone:			
*Members receive 20%off child 2 Days Per week 3:45-4:45 3299	ren's programs 3 Days Per week 3:45-4:45 \$399					
If Thrive Offered Weel		s, I would be i	nterested Yes	/ No		
	•		□ Credit	□ Parent Members Account		
□ Cash at club	□ Check at dub					
Card No _ _			<u> </u>	ard Expiry/ 3DigitCode		
By signing below, I acknowled	ge and accept the terms & o	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.

AFTER SCHOOL ATHLETE PROGRAM

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,	o, weight and/or resistance E, I do here and forever relairs, assigns, contractors sent or future, arising out	e training, and sports to release and discharge and , and employees from a	raining and activind hereby hold hereby hold hereby hold hereby hold hereby hold hereby and all claims	ities. In narmless <i>DETROIT</i> s, demand, rights			
	Assump	tion 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 n disorder that could result in my b employment or having a normal s	ecoming partially or totall						
I recognize that an examination by activities. If I,this exercise program with <i>DETR</i>	, have chosen	not to obtain a physicia	n's permission p				
In any event, I acknowledge and results I will achieve from this pro	•	•		me regarding the			
NAME	DATE	PHONE					
ADDRESS	CITY	STATE	ZIP				
Participant's Signature		Date					
Parent/Guardian Signature		Date					