



SPRING BREAK SPEED & AGILITY CAMP

- Develop Proper Running Mechanics
- Improve First Step Quickness & Top Speed
- Improve Change of Direction
- Plyometric Training for Improved Vertical Jump
- Reduce Likelihood of Injury

WHERE: Tesoro High School
WHEN: April 5th-9th, 2010
TIME: 9:00am-12:00pm (15 hours of training) **
AGES: 5th-8th Grade (groups will be divided by grade)
COST: \$150 *Early registration before March 21st

Camp Director: Jim Romero, CPT
 -CERTIFIED SPORT PERFORMANCE COACH, USAW
 -CERTIFIED USA TRACK & FIELD LEVEL 1 COACH
 -DIRECTOR OF SPORT PERFORMANCE, TESORO HIGH SCHOOL

The "Speed & Agility Camp" will combine Coach Romero's signature performance training techniques that have produced elite athletes over the past 10+ years at the youth, high school and collegiate level. Jim and his staff will instruct all athletes in proper running mechanics, linear and lateral speed development, foot speed and agility, explosive power development, plyometric drills and functional core training. Athletes will also go through a dynamic warm-up and flexibility routine before and after each day of camp in order to best prepare their body for training and educate the athlete on reducing the chance for injury.

LIMITED SPACES

Call or Email to Reserve Your Spot!

(949) 292-8373

or

Romero@athletesbydesign.com

Please make checks payable to: "Athletes by Design"

Mail registration to: Athletes by Design, 4533 Macarthur Blvd. Suite 570, Newport Beach, CA 92660

Athlete's Name: _____ Grade: _____ DOB: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Parents Name: _____ Email: _____

Liability Waiver: I give my son/daughter _____ permission to participate in the Speed & Agility Camp directed by "Athletes by Design" located on the campus of Tesoro High School. In consideration for my registration into the camp, I hereby indemnify and hold harmless the Capistrano Unified School District, Tesoro High School, Athletes by Design and any of its officers, agents, or employees from any liability from all claims or action for any injuries sustained, or loses resulting from any form of participation by the registered person or the person's family. I recognize that athletic training can expose my son/daughter to medical risks not associated with their current activity level and thus hereby state that my son/daughter is physically fit to participate.

Parents Signature: _____ Date: _____