



2018

DEFIANCE AREA YMCA

# Youth Speed & Agility Clinic

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**Registration:**

**Session 1:** May 8th– June 1st

**Session 2:** June 18th–July 13th

**Ages:** 8–15 years

**Days:** Mondays or Wednesdays

**Clinic Session 1:** June 4th–July 11th

**Clinic Session 2:** July 16th–August 22nd

**Time Options:** 10:15am–11am, 11am–11:45am  
5:15pm–6pm



**Cost:** \$40 Member \$70 Nonmember

**Take Your Game to the Next Level!**

**Includes the following:**

- 6 week clinic—improving athletic speed and agility to be applied to ANY sport.
- Weekly instruction performed by knowledgeable, skilled and seasoned trainers.

Child’s Name: \_\_\_\_\_

Parent’s Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

School Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Time Slot Attending: \_\_\_\_\_

(See Wavier On Reverse Side)

**WAIVER**

**In consideration of my participation in the Defiance Area YMCA Youth Speed and Agility Clinic, I, intending to be legally bound, do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any rights and claims which I may hereafter accrue to me against the Defiance Area YMCA and all other employees involved in Defiance Area YMCA Youth Speed and Agility Clinic while traveling to and from the practices, and/or assigns for any and all injuries suffered by me at these events. I understand the risks and dangers involved in participating in such programs and agree not to participate in any activity that may injure myself or others.**

**Child's Name**

**Parent Signature**

**Date**

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