

HARDER BETTER FASTER STRONGER 360SPI



Above: 360SPI athletes Caleb Abney (York College #8) and Luke Phipps (Salisbury University #23) squaring off this past weekend in the 2nd round of the NCAA Division III lacrosse tournament. Below: 360SPI athlete, Kristen Kohles, John Carroll lacrosse player and future Virginia Tech women's lacrosse player.



Contact Bill Ackerman for more information or to register!
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410-734-7300

ATHLETES Are you tired of being average? Are you tired of being the weakest or slowest athlete of your team? **Do you want to take your game to the next level this summer?**

The 360 Sports Performance Institute presents **Athlete 360**, a results-driven class that will help you bring your game up to the next level.

ATHLETE 360 PROGRAM BEGINS JUNE 9 - JULY 30

- Monday/Wednesday@10a-12p or 5p-7p and Friday 10a-11:30a
- Ages 11 and up, athletes of all sports and ability levels
- 3 days a week - 24 sessions - 40 hours of training - \$10.00 an hour per session
- Pre and post performance evaluations of all athletes
- Injury prevention
- Speed/Agility/Quickness training for athletes of all ages and sports
- Strength training for athletes of all ages and sports

CALL TODAY TO REGISTER
SPACE IS LIMITED!





Program Registration Form



NAME OF PROGRAM: _____

DAY(S) OF PROGRAM: _____ DATE(S) OF PROGRAM: _____

PARTICIPANT'S NAME: _____ MEMBER: Y N

AGE: _____ DOB: ____ / ____ / ____ GENDER: Male Female

PARENT NAME (if participant is under 18): _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME #: _____ CELL #: _____

EMAIL: _____

EMERGENCY CONTACT: _____ CELL # _____

HEALTH INFORMATION: Please list any special needs, medical or behavioral conditions, or medications that we need to be aware of to ensure your child's safety (allergies, asthma, etc.)

RELEASE: I have read and answered to the best of my knowledge, the above questionnaire. I agree that all exercise and activities (including, but not limited to exercise classes, cardio, strength equipment, pools, field activities) shall be undertaken by me at my sole risk. I release Harford Health & Fitness Club, Inc., its officers, directors, employees and shareholders, from any claim for any injury to me personally, damage to my personal property, or theft thereof, while I am at the Harford Health & Fitness Club, including claims arising from negligence of Harford Health & Fitness Club employees or agents. I understand that I must be a current member in good standing at the time of service to receive member discount. I understand that all images (photographic and video) taken can be used in future marketing.

Signature / Parent or Legal Guardian must sign if participant is under 18 _____
Date

PAYMENT INFORMATION:

TYPE OF PAYMENT: _____ CHECK _____ CASH _____ CREDIT CARD (Visa & MC accepted)

VISA / MC # _____ EXP: _____

AMOUNT PAID: _____ DATE PAID: _____

Staple Receipt Here
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