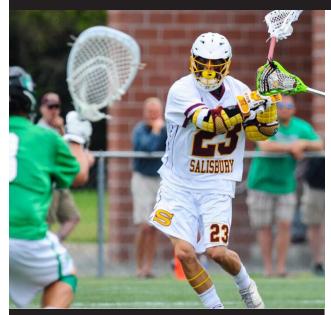
## HARDER BETTER FASTER STRONGER 360SPI



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 Virgina Tech women's lacrosse player.



Contact Bill Ackerman for more information or to register! backerman@thearenaclub.com or

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 IN LIMITED!





## **Program Registration Form**



NAME OF PROGRAM:							
DAY(S) OF PROGRAM:	DATE(S) OF PROGRAM:						
PARTICIPANT'S NAME:					MEMBER:	Υ	N
AGE:	DOB:		/	GENDER:	Male	Fem	ıale
PARENT NAME (if participa	int is under 18):						
STREET ADDRESS:							
CITY:			STATE:	ZIP:	1		
HOME #:			CELL #:				
EMAIL:							
EMERGENCY CONTACT:				CELL#			
<b>RELEASE:</b> I have read and answer but not limited to exercise classes, care Health & Fitness Club, Inc., its officers, property, or theft thereof, while I am a employees or agents. I understand that all images (photographic and vide	dio, strength equipme, directors, employees at the Harford Health & at I must be a current I	ent, pools, fie and shareho & Fitness Clu member in g	eld activities) shall be un olders, from any claim fo ub, including claims arisi good standing at the tim	or any injury to me perso ing from negligence of Ha	ole risk. I release onally, damage to arford Health & F	Harford my pers itness Cl	sonal lub
Signature / Parent or Legal Guardian n	nust sign if participant	t is under 18	}		Date		
PAYMENT INFORMATIO	N:						
TYPE OF PAYMENT:	CHECK	С	CASH CR	REDIT CARD (Visa &	. MC accepte	:d)	
VISA / MC#				EXP:			
AMOUNT PAID:		DA	TE PAID:				
					<b>~</b>		Staple Receipt Here