



**Hopkinton U13 & U15 Boys Youth Lacrosse
Strength, Speed and Agility Training
Winter 2012
www.hopkintonlax.org**

The ABT Program:

Every athlete enrolled in this program is guaranteed to get faster, enhance their performance and reduce their risk for injuries. Athletes will learn proper running mechanics, arm action, first step quickness, foot speed and agility. Sessions are broken down into acceleration, top end speed and change of direction. Every session will include a dynamic warm-up, speed, quickness and agility drills, injury prevention exercises, core training, and flexibility.

The ABT Staff:

- **All of our strength and conditioning staff holds advanced degrees and certifications** in the fields of strength and conditioning, sports medicine, or exercise physiology.
- **Our strength and conditioning staff are experts in speed and agility training.** Proper mechanics, first step quickness, acceleration, and change of direction are always instructed at every session.
- **Our strength and conditioning staff understand sports and what it takes to be an athlete.** All of our staff has played at the youth, high school, collegiate and/or professional level in a variety of sports.
- **Our sports medicine/strength and conditioning staff works closely with local physicians and physical therapists** providing pre-habilitation and post injury reconditioning programs.

<p>Start Date: January 9, 2012 End Date: March 30, 2012 *no class February vacation week Cost: \$129.00 ea (**20+ team discount \$110.00 ea) For More information call or email abt.liane@yahoo.com abt.kevin@yahoo.com</p>		<p>Location, Days & Times Milford: Monday: 5:30-6:30 & 6:30-7:30 Tuesday 5:30-6:30 Holliston: Tuesday 3:30-4:30 Thursday 3:30-4:30 & 7:00-8:00 Minimum 8 per class, Maximum 12</p>
--	--	---

ATHLETES NAME _____ AGE _____ GRADE _____
 SPORT(S) _____ POSITION(S) _____
 PARENT(S) NAME _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE _____ CELL _____
 PARENTS E-MAIL _____
 INJURIES OR MEDICATIONS _____
 PAYMENT: Check/Visa/MC/Disc/Cash _____

Please enroll the above individual in the Sports Performance program. I understand that, Athletic Based Training, or anyone employed by the facility will not assume responsibility for accidents incurred as a result of participation in the program. I attest that the athlete is in good health and is able to participate in rigorous physical activity at Athletic Based Training. In the event of an injury, Athletic Based Training has my permission to administer emergency first aid. I understand that sessions are non-refundable, non-transferrable, and have a definitive start and end date.

Signed: _____ Date: _____
Signature of athlete or parent/guardian if under 18 years of age