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## *ATLAS Camp*

Athletics 4 Kids (A4K) is dedicated to providing opportunities for every athlete to perform at the highest level and reach their full potential in life. The **A**dults **T**raining **L**ike **A**thlete**S** Camp will prepare every athlete for competition and provide healthy habits and behaviors for life.

### *Camp Philosophy*

The ATLAS Camp is geared towards developing the whole body through proper nutrition, training, mental, and physical development of every athlete.

### *Dates & Times- June 20th to July 21st*

7:00AM to 7:15AM – Dynamic Stretching

7:15AM to 8AM – (Total Body Workout/Main Gym)

8AM to 10AM – (Speed Training Field)

## *Staff Members*

Mike Scialabba - Professional Strength

Tyler Thomas - Speed Coordinator

Craig Mettler - Field Trainer

Dane Oliver - Field Trainer

Pete Joseph - Program Coordinator

## *Speed Training*

Speed Training is a comprehensive approach to improving multi-sport lateral and linear movements.

- Running Form / Technique
- Quickness
- Speed & Power
- Injury Prevention

## *Agility Training*

Agility Training is dedicated to creating Body Coordination, Strength and Balance for dynamic bio-mechanical movements

- Dexterity
- High Energy & Explosive Movements
- Balance
- Unilateral Movements

## *Schedule & Themes*

Week 1: Nutrition

Week 2: Stress Resolution

Week 3: Physical Therapy & Treatment

Week 4: Sport Psychology

Week 5: Community Development

## ***Agreement to Participate***

I am aware that playing or practicing in any sport can be a dangerous activity involving many risks of injury. I understand that the dangers and risks of playing or practicing in *The ATLAS Camp* include, but are not limited to death, serious neck and spinal injuries that may result in complete or partial paralysis or brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the body. Because of the dangers of participating in *The ATLAS Camp*, the camp coaching staff will employ safe practice procedures to minimize any chance for injury to a participant. I recognize the importance of following the coaching staff's instructions regarding technique and training rules. In consideration, attending the ATLAS Camp, I hereby voluntarily assume all risks associated with participation and agree to exonerate and save harmless the regents of the ATLAS Camp staff, volunteer employees, athletic staff, physicians, and practitioners of medicine treating me from any and all liability, claims, causes of action or demands of any kind and nature whatsoever that may arise by or in connection with my participation in any activities related to the *ATLAS Camp*. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees and all members of my family.

## ***Release of Liability & Risk***

I release the state of Montana, Athletics 4 Kids LLC, the Camp Staff, any volunteers, its officers, employees, and agents from any and all liability, claims, costs, expenses, injuries and/or losses that I or my child may sustain as a result of my participation / child's participation in the ATLAS Camp. My participation includes, but is not limited to, travel to and from the camp in a private or public vehicle and any activity connected with the camp themselves, while using state equipment or facilities from the event, whether on or off The Camp facilities.

## ***Assumption of Risk***

### ***\*Cut out Entire Middle Section\****

**Athletics 4 kids is dedicated to providing a safe environment for the ATLAS camp. By signing below both Parent & Athlete are agreeing to the terms of this brochure and give permission to participate.**

Athlete (Print): \_\_\_\_\_

Athlete (Signature): \_\_\_\_\_

Parent (Print): \_\_\_\_\_

Parent (Signature): \_\_\_\_\_

## ***Insurance Information***

\_\_\_\_\_ # \_\_\_\_\_  
Primary Medical Insurance Comp/ Claims Phone

Policyholder's Name (Print) \_\_\_\_\_

Group Policy # \_\_\_\_\_ or Policy # \_\_\_\_\_

## ***Contact / Emergency Info:***

Participant Name (Print) \_\_\_\_\_

Home Address \_\_\_\_\_

City State Zip  
(\_\_\_\_) (\_\_\_\_) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

School \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade—Fall 2010 \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_

T-Shirt Size: Circle 3XL - XXL - XL - L - M - S

## ***Medical Release***

In consideration for the opportunity to participate in the ATLAS Camp, I voluntarily agree to assume all risks involved in my child's participation in the *training aspects* and all related activities. I understand that if I allow my child to participate, my child may be exposed to but not limited to the following: serious neck and spinal injuries that may result in complete or partial paralysis or brain damage. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur that Athletics 4 Kids cannot predicted.

## ***Pre-Existing Medical Concerns***

**HAS THE CAMP PARTICIPANT HAD, OR CURRENTLY HAS ANY OF THE FOLLOWING: (CIRCLE IF APPLIES)**

Concussions Y - N	Allergies Y - N
Joint/Bone Injury Y - N	Asthma Y - N
Heart Condition Y - N	Surgery Y - N
Contacts/Glasses Y - N	Diabetes Y - N
Other medical conditions not specified above: Y - N	

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ***Cost & Contact Information***

Cost is **\$200** per camper which covers 4 Days a Week, Monday to Thursday, from 7AM to 10AM. There will be two separate rotations. Camp T-shirt and all other camp expenses incurred.

**Pete Joseph – 406.360.2250**

Email: Athletics4kids@a4k.com

