



# WINTER CONDITIONING

## Winter 2016-2017 • Grades 2-8

*Athletes need to spend time conditioning. Winter is the perfect time to start!*

Physical fitness training is an important life lesson for children and young athletes. The program demonstrates how to safely gain strength for sports, prevent injury, stretch properly, and have fun! Athletes who desire more speed and want to gain an advantage will benefit! This co-ed program is open to children in a Springfield school in grades 2-8. A minimum of eight children are required for the program. No refunds are provided after the program has begun.



Location: Chisholm Community Center, 2<sup>nd</sup> Floor Fitness Studio  
Weekday: Friday  
Time: 4:30-5:30 pm  
Session 1: December 2<sup>nd</sup>-January 20<sup>th</sup> (no class on December 23<sup>rd</sup> or December 30<sup>th</sup>)  
Session 2: January 27<sup>th</sup>-March 3<sup>rd</sup>

**Cost:** \$60 per session (payable to Township of Springfield)  
**Includes:** Professional coaching instruction, training apparel item

Register by mail or in person at the Springfield Recreation Department.  
 Or register online with a credit card at <https://register.communitypass.net/springfield>  
 (\$3 convenience fee is charged per transaction when using a credit card)

Chisholm Community Center • 100 South Springfield Avenue • (973) 912-2227  
 Monday-Friday @ 8:00 am-4:00 pm



Questions? Contact the Springfield Recreation Department at [recreation@springfield-nj.us](mailto:recreation@springfield-nj.us).

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**CHOOSE:** SESSION 1 \_\_\_\_\_ SESSION 2 \_\_\_\_\_ BOTH SESSIONS \_\_\_\_\_

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

GRADE (FALL 2016) \_\_\_\_\_ SCHOOL \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SHIRT SIZE (CIRCLE ONE)    YXS    YS    YM    YL    YXL    AS    AM    AL    AXL

STREET ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_

HOME PHONE \_\_\_\_\_ PARENT CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

HEALTH CONCERNS/PHYSICAL LIMITATIONS/ALLERGIES/INHALER/EPI-PEN/GLUCAGON \_\_\_\_\_

My child has been examined by a physician, and to the best of our knowledge is physically fit to participate in this recreation program. Permission is hereby granted to engage in this activity. The Township of Springfield, employees, or coaches will not be liable for any injury incurred from practices or games. I give permission for my child's photograph to be taken and used in local newspapers online or in print, and/or any Township of Springfield publications online or in print.

Parent/Guardian Name (print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_