



WINTER SESSION #2
Jan. 17th—Feb. 24th

Sports Enhancement Training

WINTER SESSION #2 BEGINNER (8-12) STRENGTH & CONDITIONING

What is an Athlete?

An Athlete is someone who is the epitome of strength, power, and agility; a person with the mobility and flexibility to match. No matter what your age is, or your current health status, Access Acceleration can help you reach your full Athletic Potential!

How we train an Athlete:

- 1. Base a program that focuses on MOBILITY & RECOVERY (ie Foam Rollers, Dynamic Warm-up) If you are not able to move through a full range of motion, you will never become truly powerful or fast!**
- 2. Focus on the POSTERIOR CHAIN (ie Glutes, Hamstrings, Lats, Calves, Triceps, Ect.) These are not the muscles you will see for show in the mirror, but the ones that will give you the go on the field!**
- 3. Build a STRONG CORE (ie Abdominals, Hip Flexors/Extensors, Back Extensor, Ect.) It is a well known fact that all successful athletic movement, regardless of the sport, must come from a strong core!**
- 4. Balance training between Absolute Strength (ie Deadlifts, Squats), Strength Speed (ie Accommodating Resistance), Speed Strength (ie Weighted Jump Squats), & Absolute Speed (ie Plyometrics, Sprints) Not all athletes are created equal, and the same is true for programs that do not address all of the parameters of strength!**

BEGINNER CLASS TIMES:
Starting **TUESDAY** Jan. 17th—Feb. 24th
Acceleration will be closed on Monday, Jan. 16th

Monday, Tuesday, Wednesday: 4:30—5:30 pm

Personal Training, Group Training, and Team Training Session also available!

CONTACT INFORMATION:

Lauren A. Bruce, ATC, NHLAT
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Access Health Building
1 Hampton Road, Suite 106
Exeter, NH 03833
(603) 778-4890

PAYMENT OPTIONS:
(*PLEASE CIRCLE YOUR DESIRED OPTION*)

1 Class a Week for 6 Weeks \$90 (\$15 per class)
2 Classes a Week for 6 Weeks \$180 (\$15 per class)
3 Classes a Week for 6 Weeks \$270 (\$15 per class)

Drop in Classes are \$20 per class

Fees will be prorated based on start date

PAYMENTS ACCEPTED:
Cash
Check
Credit: MasterCard or Visa



Division of Access Rehabilitation Specialists

NAME: _____ DOB: _____ DATE: _____

ADDRESS: _____
STREET CITY STATE ZIP

PHONE: (cell) _____ (home) _____
(work) _____ (other) _____

Email address: _____

Emergency Contact: _____ Phone: _____

Primary Care Physician _____

Orthopedic Surgeon or Other Specialist: _____

Chiropractor: _____ Physical Therapist: _____

Do you currently have an injury or illness? YES NO

Please Explain: _____

Date of Injury or Illness: _____ Work related? YES NO

If work related, name of Employer: _____

If work related, Insurance carrier? _____

Have you had any previous injuries or illnesses effecting your ability to exercise? YES NO

If yes, please explain: _____

AUTHORIZATION OF ASSIGNMENT OF BENEFITS AND CONSENT TO TREAT

I authorize payment for services rendered by Access Acceleration to be directly paid to them. I do hereby agree and give my consent to Access Acceleration to provide services to me for conditioning, strengthening and or training.

SIGNATURE: _____ DATE: _____