



Sports Enhancement Training

BOOT CAMP

Our boot camp brings together people of diverse fitness levels, in a comfortable environment, to accomplish a common goal: a commitment to fitness. No matter what your level of fitness, from beginner to advanced, this boot camp, along with our commitment to nutritional coaching, is designed to change and improve your level of health. Our intricate techniques will challenge your mind, body and spirit in ways that will enhance you in your every-day life. Through our BOOT CAMP options, all ACCELERATION clients receive all of the following services without incurring or individual costs for each.

Options Include:

Band Training, Circuit Training, Kettlebells, Weight Training

Plyometrics, Cardio, Dynamic Warm-up, Mobility work, and Nutrition & Life Coaching

PAYMENT OPTIONS:

2 Classes a WK for the Month \$105 (\$13 per class)

3 Classes a WK for the Month \$120 (\$10 per class)

Unlimited Classes for 3 months min. for \$99 a Month! *Must be paid in full to receive prorated deal.*

Drop-in Fees for a class are \$25 per class

CLASS TIMES:

Monday/Wednesday/Friday: 5am—6am

Tuesday & Thursday: 5:30pm—6:30pm

Personal Training and Group Training Sessions, also available!

Access Acceleration Sports
Enhancement Training
Access Health Building
1 Hampton Road, Suite 106
Exeter, NH 03833

mthompson@accessacceleration.com
603-778-4890

15 min Free Consult

Return this part of the flyer as a coupon for a free 15 minute consultation!
You can go over fitness, nutrition, or lifestyle habits you like to implement into your life!

15 min Free Consult

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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: _____