

SPORTS PERFORMANCE TRAINING FOR THE YOUNG ATHLETE

Faster. Stronger. Quicker. Energized. Focused. Peak Performance.

Sundays 6 – 7 PM Nov 11, 18, 25 Dec 2, 9, 16 @ IM Sports Circle

Come and be part of the **Spartan Nutrition and Performance Program (SNAPP)**. Prior to the opening of our new integrated sports performance clinic in early 2013, we are offering a preview of the **Speed and Athletic Enhancement program** through a series of weekly training and nutrition clinics.

Scientifically-based program to enhance athletic performance and health of the young athlete. We will focus on the development of fundamental athletic movements including:

- Dynamic (athletic) stance
- Sprinting
- Stopping and starting
- Changing directions
- Reaction time
- Quickness
- Balance
- Coordination
- Jumping
- Conditioning

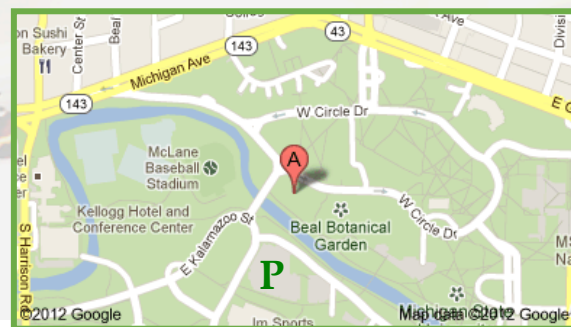
All drills and exercises are conducted in an age-appropriate, fun and safe environment. Sessions have been designed by **PhD experts** in **pediatric exercise physiology** and **sports nutrition** and will be supervised by professional staff from the Spartan Nutrition and Performance Program. Sports nutrition experts from SNAPP who work with Spartan Athletics will speak with parents about proper nutrition for the young athlete and the family during the training sessions. Educational handouts will be provided.

Ages: 10-18 years old

Cost: \$25 for 1 session / \$60 for 3 sessions / \$99 for 6 sessions. Registration forms attached.
Space is limited. 30 participant maximum (10:1 athlete-instructor ratio) (more sessions will be added based on need)

Location: IM Sports Circle-A

Parking in north stadium lot.



**Join the Spartan Nutrition and Performance Program
to enhance your athletic performance.**

Call today and reserve your spot: 517-884-6133

About SNAPP The Spartan Nutrition and Performance Program (SNAPP) has provided nutrition services to MSU Spartan Athletes since 2005 and now offers state-of-the-art testing and training programs to mid-Michigan athletes. We have a PhD in sports performance training and the young athlete!



SNAPP

SPARTAN NUTRITION & PERFORMANCE PROGRAM

SPORTS PERFORMANCE CAMP REGISTRATION FORM

I. Athlete Information		
Name	Age	Circle: Male Female

II. Parent Information			
Name			
Address	City	State	Zip
Email address		Phone	
Emergency Contact Name		Emergency Phone Number	

III. Program Selection

- 1 session \$25 Date plan to attend _____
- 3 sessions \$60 Dates plan to attend _____
- 6 sessions: \$99

Checks payable to: Michigan State University

Please complete the registration form plus the 3 additional health screening and waiver forms and return to:

M.S.U. Department of Radiology
Sports & Cardiovascular Nutrition
4660 S. Hagadorn Rd., Suite 410
East Lansing, MI 48823



Physical Activity Readiness Questionnaire

Physical activity is fun, healthy, and safe for most people. However, for some individuals their health circumstances may require both medical consent and advisement of activities suitable to their needs.

Please circle the answer that best applies to you.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when you were not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose your balance because of dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
<input type="checkbox"/>	<input type="checkbox"/>	7. Do you know of any other reason why you should not do physical activity?

Answering yes to any of the above questions requires written consent from physician.

Name: _____

Signature: _____ Date: _____

Guardian Signature (below age 18) _____ Date: _____

To be completed by parent or guardian

**ACKNOWLEDGEMENT OF RESPONSIBILITY
AND INFORMED CONSENT**

I, _____, would like my minor child to participate in
(name of parent or guardian)
_____ at Michigan State University ("MSU"),
(program or activity)
in East Lansing. I understand that this activity entails a risk of injury, and that when young people are
engaging in sports performance training or testing, accidents can happen even when there is
supervision. I know that my child and I bear some responsibility for minimizing the risk of injury. I
will talk with him or her about the importance of safe behavior.

1. *HEALTH NEEDS.* My child has no health related condition or disability that limits his or her ability to participate in the program or activity, except as follows:

2. *EMERGENCY.* In case of medical emergency occurring while my child is participating in a program or activity, I authorize MSU, in advance, to secure whatever treatment it deems necessary. MSU may take such actions as it considers to be warranted under the circumstances for my child's health and safety. I agree to bear the expense for any emergency medical treatment and release MSU from liability for the same.
3. *RULES AND REGULATIONS.* I have directed my child to listen and be mindful of all safety instructions provided him or her, and to abide by all programs rules.
4. *BEHAVIOR.* MSU reserves the right to remove or restrict a child who does not listen to instructions, engages in bullying, hostile behavior, or other actions that interfere with the conduct of the program.

I HAVE READ THIS ACKNOWLEDGEMENT. I UNDERSTAND AND ACCEPT IT.

Dated: _____

(Child's name and date of birth)

Emergency contact: _____
(name & phone)

(Parent/Guardian signature)

MICHIGAN STATE UNIVERSITY

To be completed by participant

GENERAL ASSUMPTION OF RISK & RELEASE OF LIABILITY

Michigan State University is a public educational institution. References to the University include its Board of Trustees, employees, volunteers, and students.

I _____, freely choose to participate in the _____ (“Program”). In consideration of my participation in this Program, I agree as follows:

RISKS INVOLVED IN PROGRAM (Inherent in this Program’s activity)

Bodily injuries resulting from exercise training or testing in a sports performance clinic setting involving speed and agility training, plyometrics, and resistance training exercises

I recognize that the above specifications are not complete and that participation in the Program could lead to untoward consequences which are not anticipated.

I understand that participation in this Program is voluntary and I may withdraw at any time. I understand that participation may or may not actually benefit me.

HEALTH AND SAFETY: I have been advised to consult with a medical doctor regarding any personal medical needs. There are no health-related reasons or concerns that preclude or restrict my participation in this Program, except as stated here

_____.

I have obtained any required immunizations.

In case of a medical emergency occurring during my participation in this Program, I authorize, in advance, the University to secure whatever treatment is deemed necessary. The University may (but is not obligated to) take any actions it considers to be warranted under the circumstances for my health and safety. I agree to pay all expenses for such medical treatment and I release the University from any liability.

ASSUMPTION OF RISK AND RELEASE FOR LIABILITY: Knowing that participation in the Program entails some risks, and in consideration of being permitted to participate in the Program, I agree to release the University from any and all costs, claims, injury or illness resulting from my participation in the Program, other than for the University’s intentional misconduct or gross negligence.

I accept the Program rules and regulations. I have been advised that I should look to my own health insurance policy in case of injury. I have read and fully understand this document. All blank spaces were filled in and/or sections crossed out prior to my signing.

DATE: _____

Participant