

Summer Strength & Conditioning Program



5 Week Training Program, starts July 17

For Middle School and High School Athletes looking to build a foundation for a strong start to your fall season.

- Increase Power, Agility, and Speed
- Gain Strength and Improve Conditioning
- Better Movement and Reduce Risk of Injury
- Nutritional Guidance for Performance



Program Director, Hunter Granville

Bachelor of Science in Kinesiology from UMASS Amherst
Certified Strength and Conditioning Specialist
USA Weightlifting Sports Performance Coach
Former UMASS Assistant Strength & Conditioning Coach
Former Bromfield Varsity Soccer and Baseball player

5 Week Training Program—\$150

Tuesday & Thursdays 1:30-2:30 p.m. July 17-August 16, 2018

Sessions will take at Bromfield, Rain or Shine. Will include both indoor weight training and outdoor agility training



T-shirts for those who register by June 20

Class size is limited. Registration is on a first-come first served basis.

Late pick-up will result in a \$1.00 per minute fee payable immediately to the instructor.

REFUND POLICY: No refunds or credits. Check will be returned only if a class is cancelled.

Please know that it is the policy of the Harvard Public Schools not to discriminate on the basis of race, color, sex, gender identity, religion, national origin, age, disability, or sexual orientation in its educational programs, activities or employment policies as required by Title IX of the 1972 Educational Amendments, Chapter 199, and Section 504 of the Rehabilitation Act of 1973. The district compliance coordinator is Marie Harrington, Director of Pupil Services, 978-456-4143.

Harvard Community Education, 978-456-4118 jcavanaugh@psharvard.org

SPECTRUM REGISTRATION FORM - 2018 Strength & Conditioning

Use this form or register online at www.psharvard.org
Departments, Community Education Spectrum Summer

Name _____ Gr Fall 2018 _____

Allergies _____

Address _____

Home Phone _____ e-mail _____

T-Shirt Size (Adult) please circle: Small Medium Large XL

Parent Name _____

Parent Work Phone _____ Cell # _____

Emergency Contact & phone _____

(Other than parent, in case parent cannot be reached)

Physician/Phone _____

Health Plan & Number _____

Checks should be made payable to TOWN OF HARVARD/SPECTRUM.

*Non Residents (does not include School Choice) please add \$10 non-resident fee.



I, the undersigned, attest I am the parent or legal guardian of the above named child who attends the Community Education/SPECTRUM program and agree to allow him/her to participate in the above listed SPECTRUM class. I further agree to indemnify and hold harmless the staff, administrators, and official assistants and to absolve them from any and all liability arising from my child's participation in this activity.

I have read and am fully aware of the policies (ie. late pick up, refunds etc.) of Harvard Community Education and the SPECTRUM Program.

PARENT/GUARDIAN SIGNATURE

DATE

Harvard Community Education, 39 Massachusetts Ave., Harvard, MA 01451
978-456-4118 jcavanaugh@psharvard.org

