

JUMP TRAINING



VOLLEYBALL JUMP TRAINING

If you're serious about taking your game to the next level this program is for you! We've taken our **FAST** program, *Functional Agility and Speed Training*, and gone vertical!

We train quick, explosive movements and emphasize proper mechanics. Athletes will see an increase in agility, vertical jump and will greatly reduce their chance for injury.

Athletes will train to develop:

- Techniques of Footwork, Blocking, Hitting, Passing
 - Quickness
 - Vertical Jump
- Explosive Strength
 - Agility
- Flexibility & More!

Group Sessions Begin November 5th!
Call Stacy at 785.271-5533 to get signed up *today!*

Rebound Sports Performance Registration

How did you hear about us? _____

ATHLETE'S NAME: _____ DOB: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

PARENT NAME (S): _____ PHONE NUMBER: _____

IN CASE OF EMERGENCY, CONTACT: _____ PHONE NUMBER: _____

PREVIOUS INJURIES OR MEDICAL CONDITIONS:

SPORTS INVOLVED IN: _____

CURRENTLY A STUDENT AT: _____ GRADE LEVEL: _____

**Sessions are Monday and Wednesday evenings from 7-8PM. Please Circle all sessions that you plan to attend:
REGISTRATION DEADLINE NOVEMBER 5TH, 2018**

Mondays: 11/5 11/12 11/19 11/26 12/3 12/10 12/17

Wednesdays: 11/7 11/14 12/5 12/12 12/19 (No classes on 11/21 and 11/28)

Pre-Purchase Single Sessions at \$20 each to guarantee your spot TOTAL: _____

Pre-Purchase all 12 Sessions at \$15 each (\$60 Savings) TOTAL: _____

Rebound Physical Therapy, Inc., DBA: Rebound Sports Performance PROGRAM DISCLOSURE

I understand that the sports performance evaluation and / or sports performance program I am participating in is being offered solely by Rebound Sports Performance. I am participating in this program voluntarily and have no known physical limitation or impairment that may limit my ability to engage in various sports, coordination events or fitness testing / training. I assume all risks of injury and agree to waive any claim or rights that I might otherwise have to hold liable Rebound Physical Therapy, Inc. employees, owners, officers or any agents. It is always advisable to consult your physician prior to undertaking any physical exercise program.

PARTICIPANTS SIGNATURE: _____

PARENT OR GUARDIAN SIGNATURE: _____

I DO NOT give my permission to Rebound Physical Therapy, Inc. to use my picture, video or personal quote I provided them in any advertisement, brochure / printed material, website, social media site or educational programs.

Rebound Sports Performance

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