



## Speed, Agility, Coordination and Quickness Academy

Date: **Wednesday**      **Friday**  
(Please select appropriate information)

**November - December**  
**November: 2, 4, 9, 11, 16, 18, 23, 30**  
**December: 7, 9, 14, 16, 21**

**Fee: \$168.00 per Participant (12 hours), Sibling \$140.00**

**Age Group:** U9 to Adult

**Time:** 6:30pm - 7:45pm

**Site:** Soccer Heaven and Sports Center

The S.A.C.Q. Academy is designed to focus on the bio-mechanical needs of the participant. Our goal is enhance each person's ability to perform each movement task correctly. Our training begins with the evaluation of the movement mechanics, strength and flexibility. Our staff is United State track & Field certified for development in the areas of Speed, Agility, Coordination & Conditioning, Hurdles, Sprint start and horizontal jumps. Video analysis is used to assist our training of the athlete.

### Training for adults

**(Band training for muscle strength and flexibility) Please contact Carl if you are interested in this program.**

### Individual Registration and Waver

Player Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Phone: \_\_\_\_\_

Team Name: \_\_\_\_\_ Age: \_\_\_\_\_

Skill Level: [  ] Beginner      [  ] Intermediate      [  ] Advanced

Sport(s): \_\_\_\_\_

### **Waiver of Liability**

I understand that the training program and camp deposit is non-refundable. I hereby authorize the staff of Wisconsin Academy of Sports Inc. to act for me according to their best judgment in any emergency requiring medical attention to my child.

I hereby waive and release Wisconsin Academy of Sports Inc., Soccer Heaven and its staff and affiliates from any and all liability for any injuries and illnesses incurred while involved with any W.A.S. Inc. Programs. I hereby warrant that my child is in good health and is able to participate in this program. I have read, agree, and understand the above. (Our staff is not responsible for administering medication to participants.)

**Parent or Guardian's Signature:**

X \_\_\_\_\_ Date: \_\_\_\_\_

**Make checks & Mail registrations to:**

Wisconsin Academy of Sports Inc  
621 S. Outagamie St.  
Appleton, WI 54914