

# AFTER SCHOOL FUN TIME

( WITH JEFF, FITNESS DIRECTOR & TAE KWON DO INSTRUCTOR )

Meet me at the Church Hall: Thursdays

1<sup>st</sup> class starts: Thursday 2/11/2010

TIME: 3:30pm – 4:30pm

DURATION: 8 weeks



GRADE: 4<sup>th</sup> thru 8<sup>th</sup>

COST: \$96 per 8 weeks session (\$75 in advance)

DROP-INS: \$12 per session (Make checks payable to Jeff Allen)

## BOYS & GIRLS ARE WELCOME

### GOAL:

The program will consist of a variety of exercises including but not limited to running, jumping, and calisthenics. Its function is to keep the participants active, to IMPROVE PHYSICAL HEALTH, BOOST SELF ESTEEM and HAVE FUN.



### BIO:

**Degree:** BA in Business Management

**Certifications:** CPR & AED, Lifeguard (Jeff Elis), Spin, (NASM) National Academy of Sports Medicine, (AFAA) Aerobics and Fitness Association of America, Sexual Harassment & Discrimination, Shield the Vulnerable

I've worked for 24 Hour Fitness, Equinox, and I'm currently employed at The Hills Swim and Tennis Club. I've worked with several of the parents from St. Theresa and I'm looking forward to working with the kids. I've been working with kids in martial arts, exercise programs, and youth training for the about 15 years.

# Registration Form

(All information is required and must be legible)

Students Name: \_\_\_\_\_ Start date: \_\_\_\_\_  
First Last Mid. Initial

Parents Name/s: \_\_\_\_\_ / \_\_\_\_\_

Home Phone: \_\_\_\_\_ Additional Phone: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Age: \_\_\_\_\_ Amount Paid \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

<p><b>Print Parent Name:</b> _____</p> <p><b>Signature:</b> _____ <b>Date</b> _____</p>
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