

#1 Speed Training Workout for Youth Athletes in the area

QUICK KIDS SPEED CAMPBY OAK ATHLETIC DEVELOPMENT

is an innovative and revolutionary youth speed and agility training camp guaranteed to provide youth athletes the keys to developing game changing speed. Your search for speed development is officially over.

IN JUST 90 MINUTES CAMPERS WILL IMPROVE...

- Running form and sprinting technique
- √ 1st step explosiveness
- Agility and ability to change direction faster
- Understanding of the keys to speed and explosiveness
- √ Game Speed

With the use of our original

RESISTANCE BAND SPEED SYSTEM

and our elite coaching staff, we guarantee this will be the best 90 minutes spent training all year!

AGES: 10-14

SCHEDULE:

Camp held the last Saturday of

every month

Saturday March 28th

3:00-4:30 pm

COST: \$25 per camp (Cash only)

Limited Registration
Only 25 Athletes per camp

LOCATION: OAK Athletic Development, 110 Mooney

Dr., Bourbonnais, IL 60914



JEFF WEBER, HEAD STRENGTH & CONDITIONING COACH, CAMP DIRECTOR

Former Semi-Pro Football Player, Masters of Science in Exercise Physiology, Marine Corps Veteran, Certified Strength and Conditioning Coach, Certified High School Strength Coach

FOR MORE INFORMATION: Call 815.932.5492 or email jeffweber@oakortho.com

REGISTRATION FORM								
Athlete Name:			School:				Grade:	
Sport:				Contact Person:				
Phone Number:				Email:				
This form must be completed by the Parent or Guardian of any individual 18 years of age or younger, prior to participation in any activities administered by OAK Athletic Development. I acknowledge my child is in good health condition and has no physical impairment that would be affected by participating in this camp. I understand there are risks in any physical activity and if injured. I am responsible for all health care costs. By signing this waiver I release OAK Athletic Development for any and all rights and claims for injury/illness suffered by me or my child at said event, at which may arise out of traveling to, participating in, and returning to these events. In the event of an emergency I give my consent to have any treatments deemed necessary by a local physician and transfer to emergency care facility.								
Child's medical/health conditions:								
Parent/Guardian								
Signature:					Date:			