The Center for Health Improvement Small Group Youth Training

Youth Name	Age	Parent/Gardian Name	Phone Number	Email Address
		*		

*Main contact

Which days of the week would you like to train? Please check all that apply:

DAY 1:

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Time available on Day 1(1 hour increments) _____

DAY 2:

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Time available on Day 2 (1 hour increments) _____

Is there a specific reason you decided to participate in Small Group Youth Training? Please check all skills of why you decided to participate:

_____ Agility
_____ Balance
_____ Coordination
_____ Core
_____ Endurance
_____ Power
_____ Speed
_____ Strength
_____ Specific sport: _____
_____ Other: _____