

LIFETIME FITNESS - DUBLIN

2012 SPRING BASKETBALL INSTRUCTION

Lifetime Fitness (3825 Hard Rd Dublin 43016) will be hosting basketball instruction for boys and girls in grades 5-12 . The players do not need to be a member of *Lifetime Fitness* to participate and should have some basketball experience. All instruction will be provided by Coach Jon Daup of JDH Winners' Edge (www.jdhwinnersedge.com)

Sessions will be held for a six week period. Each session will be one hour and have 2-8 players. The age groups, days, dates, times, and fees are listed below. Each player will be able to have one make up session without an additional charge at the conclusion of the Spring program. A family discount is available. Private instruction is also a possibility, to be arranged through Coach Daup.

To enroll: Beginning *March 1*, email **Coach Daup to confirm space is available** and then mail the completed registration form with the Total Fee or a \$30 non-refundable deposit (payable to *Lifetime Fitness*) to:

Jon Daup
2428 Bryton Drive
Powell, Ohio 43065
Phone: 614-402-3287

Sundays: April 15, 22, 29; May 6, 13, 20, (Makeup date: May 27)

Thursdays: April 12, 19, 26; May 3, 10, 17 (Makeup date: May 24)

(Detach here and return bottom portion with your \$30 Deposit or Full Payment of \$180)

SESSIONS: (check one) –

SUNDAYS: _____ 5:00-6:00 Girls: Grades 5-8 _____ 6:00-7:00 Boys: Grades 5-8
_____ 7:00-8:00 Girls: Grades 9-12 _____ 8:00-9:00 Boys: Grades 9-12

THURSDAYS: _____ 4:00-5:00 Girls: Grades 9-12

FEES: \$180 (check one) – Please make checks payable to: *Lifetime Fitness*

_____ Total (\$180) Paid with Registration

_____ Installment Plan: \$30 Deposit with registration; \$150 due at first session

(Please Type or Print)

NAME _____

GRADE _____

SCHOOL _____

HS COACH _____

HOME PHONE _____

CELL _____

PARENT(S)/GUARDIAN(S) _____

ADDRESS _____

CITY _____ ZIP _____

EMAIL _____

Lifetime Fitness Member: _____(yes) _____(no)

*Your signature as a parent/guardian confirms that your son/daughter is physically fit according to a qualified physician.

I hereby waive and release Jon Daup (Instructor) and Lifetime Fitness corporation (facility and its' owners), from any and all liability for any injuries incurred while participating in basketball instruction. I also understand that only one missed session can be made up without an additional fee.

Parent/Guardian Signature

Date

LIMITED ENROLLMENT: RESERVE YOUR SPOT EARLY