



**EXCLUSIVE OFFER FOR UPPER 90 FC**  
**SUMMER SPEED, STRENGTH & SOCCER**  
**June 18 – August 3, 2018 (7 weeks)**



**Speed Benefits:** *New 10,000 sq. ft. Facility with 17 ft. High Ceilings, Turfed Field Shred Mills (2), Vertimax, Yoga, Boxing, Cryotherapy Discounts, Up to Date Website and More!*

Athlete Name: \_\_\_\_\_ Sport: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Sport Organization/League Affiliation: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Payment Method: \_\_\_\_\_

**Where:** 755 West Smith Rd (last unit) Medina, Ohio 44256

**Classes:** Two (2) Speed/Strength/Soccer Classes per Week (see full schedule on next page)

Please circle days and times you would like to attend classes (must have min. 15 athletes per class to keep on schedule)

- Monday** 5 PM – 6 PM OR 6 PM – 7 PM
- Tuesday** 9 AM – 10 AM
- Thursday** 9 AM – 10 AM
- Friday** 5 PM – 6 PM OR 6 PM – 7 PM

**Yoga:** Wed. 11:30 AM – 12:30 PM (included for all athletes)

**Cost** \$225 for 7 week program

**Payable:** Hutch Sports

**CryoTherapy Plus:** \$25 special rate for Hutch Sports participants, 87 Springside Dr, Fairlawn

**Main Contact:** Hutch 440-497-7875 hutchxpe@gmail.com

**Website:** [www.hutchxpe.com](http://www.hutchxpe.com)

: Follow Us @HutchXPE

Participants must have a release signed to participate. Release of Liability Medical Treatment Consent:  
 In consideration of Hutch Sports, John Hutchings, partners, assistants, volunteers and/or those providing facilities or sponsorship for these programs, I hereby release and hold harmless and agree to indemnify Hutch Sports, John Hutchings and his partners, employees, volunteers or assistants or representatives from any and all claims, costs, damages and liabilities for injuries or property damage sustained or caused by me or my ward while participating in any program offered by Hutch Sports, I understand that fees do not include accident or personal property insurance. I further represent that I am, or my child or ward is, physically capable of participating in the program based upon consultation with me or my child or ward's personal physician. Further, in the event of an injury, I hereby give my permission and consent and authorize emergency first aid and/or medical and/or hospital care or treatment for myself and/or my child/ward if deemed necessary by qualified medical or emergency personnel or by said employees, agents or representatives of Hutch Sports, and further agree to assume all expenses for said treatment.

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

