

MCCA Team Fitness

Dear Parents

The Minority Christian Coaches Association (MCCA) will be offering Team Fitness sessions at _____ for your child to attend.

These sessions will focus on each child working out and participating in team fitness exercises. Your child can expect to do the following:

1. Team Fitness Workout will consist of:
 - a. Speed & Quickness
 - b. Strength & Conditioning
 - c. Team Accountability & Individual Responsibility
 - d. Proper Technique & Ply Metrics
 - e. Assessment & Goal Achievement

Players interested in getting involved in the Team Fitness please read information sheet on [page 15 of Leaders In Action](#) program booklet and fill out the following:

1. All player must complete and fill out the **Enrollment Form** attached
2. All players are required to workout, stretch and condition with the team and at home individually.
3. Proper workout gear; **running shoes, shorts, t-shirts and fitness gear will be required for all players.**

CONTACT INFORMATION

Parents and players please feel free to contact the MCCA at 262-397-8663 if you have any questions of concerns about Team Fitness.

Please fill out enrollment form and hand forms to _____ your Team Fitness coordinator.

ENROLLMENT FORM

NAME: _____ ADDRESS: _____

CITY: _____ ZIP: _____ GUARDIAN: _____ HOME PHONE :() _____ - _____

DATE OF BIRTH: ____/____/____ SCHOOL: _____ GRADE: _____

EMERGENCY CONTACT PERSON: _____ CONTACT PHONE:() _____ - _____

T-SHIRT SIZE: _____ **SHORTS SIZE:** _____

LIABILITY WAIVER: All parents are required to sign the following release. Parents or guardian must sign for minors.

My son/daughter has my permission to attend the MCCA selected above. I certify that within the past two years he/she has had a physical examination and that he/she is physically able to participate in camp activities without restriction. I will be responsible for any medical or other charges in connection with my child's attendance at MCCA. I acknowledge that at the camp my child will participate in sport that may involve physical contact with other persons or objects, including the ground, which may involve the risk of injury. I specify, waive, give up and release the MCCA and staff from liability for any claim for damages, which my child or I have for injuries or illness that he/she may sustain at camp.

MEDICAL EMERGENCY RELEASE WAIVER FOR MINORS: In the event of illness or injury, I give my consent for medical treatment and permission to the attending coach or physician to hospitalize and secure proper treatment.

TRANSPORTATION PERMISSION: I agree to allow the MCCA to transport my child to other camp locations, programs and events in partnership with the MCCA.

PHOTO RELEASE: I agree to allow publication of any photos taken at any program, event or facility of the MCCA.

MEDICAL INFORMATION: If there are any medical conditions/allergies/disabilities the instructor/program supervisor should be aware of, the participant or parent of the participant should discuss this with the camp staff the first time the program meets.

Signature: _____ **Relationship to child:** _____ **Date:** _____