



# Dover-Sherborn Girls Soccer

## Pre-season Strength and Conditioning/Injury Prevention 2017

**The ABT Program:**

Every athlete enrolled in this program is guaranteed to get faster, enhance their performance and reduce their risk for injuries. Athletes will learn proper lifting techniques, running mechanics, arm action, first step quickness, foot speed and agility. Every session will include a dynamic warm-up, speed, quickness and agility drills, injury prevention exercises, strength training, core training, and flexibility.

**The ABT Staff:**

- All of our strength and conditioning staff holds advanced degrees and certifications in the fields of strength and conditioning, sports medicine, or exercise physiology.
- Our strength and conditioning staff are experts in speed and agility training. Proper mechanics, first step quickness, acceleration, and change of direction are always instructed at every session.
- Our sports medicine/strength and conditioning staff works closely with local physicians and physical therapists providing pre-habilitation and post injury reconditioning programs.

**Days: Tuesdays/Thursdays Time: 6-7:30pm**

**Dates: 5 weeks: 7/6, 7/11, 7/13, 7/18, 7/20, 7/25, 7/27, 8/1, 8/3, 8/8**

**Location: At Dover Sherborn High School**

**Cost: \$120 full summer team training program or 6 team training sessions \$85 (additional sessions can be purchased at \$15 if over the 6)**

**For More information e-mail [abt.chris@yahoo.com](mailto:abt.chris@yahoo.com)**

**Visit our Website at [www.athleticbasedtraining.com](http://www.athleticbasedtraining.com)**

ATHLETES NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_  
 SPORT(S) \_\_\_\_\_ POSITION(S) \_\_\_\_\_  
 PARENT(S) NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ CELL \_\_\_\_\_  
 PARENTS E-MAIL \_\_\_\_\_  
 INJURIES OR MEDICATIONS \_\_\_\_\_  
 PAYMENT\_ Check/Visa/MC/Disc/Cash CARD # \_\_\_\_\_ exp \_\_\_\_\_

Please enroll the above individual in the Sports Performance program. I understand that, Athletic Based Training, or anyone employed by the facility will not assume responsibility for accidents incurred as a result of participation in the program. I attest that the athlete is in good health and is able to participate in rigorous physical activity at Athletic Based Training. In the event of an injury, Athletic Based Training has my permission to administer emergency first aid. **The above team training sessions are non transferrable, non refundable, have a definitive day/time, start and end date. Initial \_\_\_\_\_**

Signed \_\_\_\_\_  
 Signature of athlete or parent/guardian if under 18 years of age