



# Summer 2010 – Fitness Training

## Hornet Tradition Athletic Training

Edina Community Center Weight Room and Track  
Trainer Josh Bettes hornet.tradition@gmail.com  
June 16 - August 13 (No sessions July 5-6)

No prorating or employee discounts available for these classes. Insurance waiver is required before attending first session (see back of this flyer).

### Basketball Weightlifting

Designed for Edina basketball players. Come and lift before open gym all summer long. Enjoy a program approved by Coach Dorsey and personalized instruction when needed.

**614-1** Grades 6-12  
9:00-10:00 AM Mon/Wed/Fri, Jun 16-Aug 13  
25 Sessions \$160

### Cardio Blast

Get your heart pumping two days a week with a variety of workouts. Fun way to increase cardiovascular endurance, speed, and overall fitness.

**614-2** Grades 6-12  
9:00 - 10:00 AM Tue/Thu, Jun 17 - Aug 12  
16 Sessions \$190

### Strength & Core

Enjoy lifting in a group with a trainer to keep you motivated and hold you accountable.

**614-3** Grades 6-12  
9:00-10:00 AM Mon/Wed/Fri, Jun 16-Aug 13  
25 Sessions \$315

### Strong Moms

Achieve your fitness goals with a total body workout led by a trainer.

**614-19**  
7:00 - 8:00 AM Mon/Wed/Fri, Jun 16-Aug 13  
25 Sessions \$250

**614-20**  
7:00 - 8:00 AM Tue/Thu, Jun 17 - Aug 12  
16 Sessions \$195

### Total Body

Designed to give your body an overhaul. Trainers will be with you every step of the way to meet and exceed your goals.

**614-22** Grades 6-12  
8:00 - 9:00 AM Mon-Fri, Jun 16 - Aug 13  
41 Sessions \$415

**614-21** Grades 6-12  
10:00 - 11:00 AM Mon-Fri, Jun 16 - Aug 13  
41 Sessions \$415

**614-23** Grades 6-12  
11:00 AM - 12:00 PM Mon-Fri, Jun 16-Aug 13  
41 Sessions \$415

### Girls in Sport – Off Season

Trainer: Shani Marks Johnson  
Focus on general strength, endurance speed, and conditioning including circuit training, long and short sprints, core work, bleacher/hill workouts, etc. All sports and skill levels welcome.

**Grades 8-12** 621-1  
9:30 - 10:30 AM Tue/Thu, Jun 22 - Aug 19  
Edina Community Center Kuhlman Track  
17 Sessions \$215  
No Class Jul 6

## Strength Training

Edina High School Weight Room  
Trainer Reed Boltmann reeboltmann@edina.k12.mn.us  
June 17 - August 13 (Gym closed July 5-6)

No prorating or employee discounts available for these classes. Insurance waiver is required before attending first session (see back of this flyer).

Train 2-3 non-consecutive days each week at a high level of intensity. Use reps with proper form and learn to keep accurate training records. Includes nutrition and hydration education

**Note: You must be registered in the session you attend.**

### STRENGTH TRAINING: FEMALE ONLY

**616-1** Grades 7-12+  
10:00 - 11:00 AM Tue/Thu, Jun 17 - Aug 12  
16 Sessions \$79

**616-2** Grades 7-12+  
11:00 AM-12:00 PM Tue/Thu, Jun 17-Aug 12  
16 Sessions \$79

### STRENGTH TRAINING: HOCKEY CONDITIONING

**616-6** Grades 10-12  
12:00AM-1:30PM Mon/Wed/Fri, Jun 16-Aug 13  
25 Sessions \$99

### STRENGTH TRAINING – GRADES 7-9

**616-3** Grades 7-9  
7:00 - 8:00 AM Tue/Thu, Jun 17 - Aug 12  
16 Sessions \$79

**616-4** Grades 7-9  
8:00 - 9:00 AM Tue/Thu, Jun 17 - Aug 12  
16 Sessions \$79

**616-5** Grades 7-9  
9:00 - 10:00 AM Tue/Thu, Jun 17 - Aug 12  
16 Sessions \$79

### STRENGTH TRAINING – GRADES 9-12+

**616-7** Grades 9-12+  
7:00 - 8:00 AM Mon/Wed/Fri, Jun 16-Aug 13  
25 Sessions \$99

**616-8** Grades 9-12+  
8:00 - 9:00 AM Mon/Wed/Fri, Jun 16-Aug 13  
25 Sessions \$99

**616-9** Grades 9-12+  
9:00-10:00 AM Mon/Wed/Fri, Jun 16-Aug 13  
25 Sessions \$99

**616-10** Grades 9-12+  
10:00-11:00 AM Mon/Wed/Fri, Jun 16-Aug 13  
25 Sessions \$99

**616-11** Grades 9-12+  
11:00AM-12:00 PM Mon/Wed/Fri, Jun 16-Aug 13  
25 Sessions \$99

**616-12** Grades 9-12+  
4:00 - 5:00 PM Mon-Thu, Jun 16 - Aug 12  
32 Sessions \$119

**616-13** Grades 9-12+  
5:00 - 6:00 PM Mon-Thu, Jun 16 - Aug 12  
32 Sessions \$119

# Sports Insurance Waiver – Strength Training and Hornet Tradition Athletics

Note: Waiver **MUST** be received before start of class!

|  |  |
|--|--|
| <b>Participant's Name</b><br><i>Please print</i>                         |  |
| <b>Health Insurance Company</b>  |  |
| <b>Policy Number</b>   |  |
| <b>Hospital – In Case of Emergency</b>                                   |  |
| <b>Injuries, Illnesses, other Conditions</b>                             |  |
| <b>Medications</b>   |  |
| <b>Known Allergies</b>   |  |
| <b>Parent/Guardian Signature</b>   |  |
| <b>Student Signature</b>   |  |
| <b>Date</b>  |  |
| Edina Community Education Services Youth Programs                        |  |
| 5701 Normandale Road, Edina MN 55424, 952-848-3950, edinacommunityed.org |  |

*By signing this form, you acknowledge that: We have insurance and recognize that Independent School District #273 has no liability for injuries resulting from participation in the athletic programs. Edina Community Education does not carry insurance to cover expenses incurred through injuries in these programs. We the undersigned thereby release the School District from any claims and demands in connection with athletic injuries suffered by the student below.*

## How to Register

### Online

[www.edinacommunityed.org](http://www.edinacommunityed.org)

### Mail

Mail registration form and payment to:  
Edina Community Education  
5701 Normandale Road  
Edina, 55424-1530

### Fax

952-848-3951

### Email

[comedu@edina.k12.mn.us](mailto:comedu@edina.k12.mn.us)

### Office hours

Mon-Fri, 8 am-4:30 pm

### Make checks payable to

Edina Public Schools

We accept VISA & Mastercard

| EDINA COMMUNITY EDUCATION CLASS REGISTRATION   |  |             |              |   |                                    |         |       |
|--|--|-------------|--------------|---|------------------------------------|---------|-------|
| Check one<br>*Dob, age, grade, school<br>required for Youth<br>registrations   | Adult  | Youth       | DOB*         | Age*  | Grade*                             | School* |       |
| Participant's Name   |  |             |              |   |                                    |         |       |
| Address  |  |             |              |   |                                    |         |       |
| City   |  | Zip         |              | Home Phone  |                                    |         |       |
| <b>Parent Names/Emergency Contact (Required for participants under age 18)</b>   |  |             |              |   |                                    |         |       |
| Name & Phone   |  |             |              | Name & Phone  |                                    |         |       |
| E-mail address: 1.   |  |             |              | 2.  |                                    |         |       |
| Course #   | Course Title   | Start Date  | Time         | Tuition   |                                    |         |       |
|  |  |             |              |   |                                    |         |       |
|  |  |             |              |   |                                    |         | Total |
| Payment<br>Choose one:   | <input type="checkbox"/> Cash<br><input type="checkbox"/> Check<br><input type="checkbox"/> Credit | Exp # _____ | Code # _____ | Visa <input type="checkbox"/> MC <input type="checkbox"/> | Cardholder name<br>_____<br>Card # |         |       |
| <b>Signature:</b>  |  |             |              |   |                                    |         |       |
| <i>By registering for these classes, I give permission for my child/myself to be included in photos or videos of activities that may be used in school district publicity and any media coverage printed or electronic.</i>                              |  |             |              |   |                                    |         |       |
| <b>MEDICAL EMERGENCIES</b>   |  |             |              |   |                                    |         |       |
| I give my permission for the staff to make whatever emergency (ie first aid, disaster evacuation) measures are judged necessary for the care and protection of my child while attending the activity.  |  |             |              |   |                                    |         |       |
| In case of medical emergency, I understand that my child will be transported to the nearest hospital by ambulance if the local emergency resource (police or rescue squad) deems it necessary. I will be responsible for the cost of the transportation. |  |             |              |   |                                    |         |       |
| It is understood that in some medical situations, the staff will need to contact the local emergency resources before the parent, child's physician, and/or another adult acting on the parent's behalf.   |  |             |              |   |                                    |         |       |