

SUMMIT
TRAINING CENTER

OFF SEASON



Off Season Training Begins

THURSDAY, APRIL 2, 2015

Training sessions are Tuesdays & Thursdays

High School 5:00pm - 6:30pm

K-8 6:30pm - 8:00pm

Classes Run April thru September

Join the Summit Training Center Team and experience the premier training facility for wrestling in the Quad Cities. Maximize your potential! At Summit we Teach Athletes To Train, Wrestle and Compete Both Physically and Mentally. We will be concentrating on *Strength, Speed & Agility* to give your child the competitive edge they need for next season!

Space is limited! Sign Up Today

University of Iowa alumni coaches, along with several other guest coaches, will be running and participating in workouts:

Nick Trizzino

- University of Iowa 4 yr letterman
- 3 time Iowa HS place winner
- 2007 Iowa high school state champion

Mark Trizzino - University of Iowa

- NCAA All American
- Big Ten Champion
- JR Bronze Medalist
- JR National Champion
- Midlands Champion
- 2 time Illinois state champion

TRAINING AVAILABLE:

Freestyle, Greco, Folkstyle Training, Strength, Speed and Agility

We have the largest training facility in the area. Along with sleds, battle ropes, weights, exercise equipment, and more...

only \$50
per month
plus tax
(\$53.50)



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OFF SEASON TRAINING

Off Season Wrestling practice will meet on Tuesdays and Thursdays in April, May, June, July, August, and September of 2015. High School Off Season Training will be from 5:00pm - 6:30pm, and K-8 Off Season Training will be from 6:30pm - 8:00pm. Summit Training Center is moving towards a re-occurring billing schedule. Payment is \$50 plus tax (7%) per child, each month and payments are due at the first of the month. If your account has not been paid for the upcoming month, your child will not be allowed to participate in practice until payment has been made. Payments can only be made by Credit Card or Check **NO CASH**. You can pay with a credit or debit card by filling out the form below and a \$53.50 charge will automatically be made to your account monthly.

Enrollment / Payment Form

Parent Name: _____

Phone: _____ E-mail: _____

Child's Name: _____

Child's School: _____

Billing Address: _____

City: _____ State: _____ Zip _____

Emergency Phone : _____

Payment: Check Visa Master Card Discover American Express

Name on Card: _____

Card Number: _____

Expiration Date: _____ 3-Digit Security Code: _____

I would like to register for the following months: (Indicate the number of students enrolled in each month)

____ April ____ May ____ June ____ July ____ August ____ September

MEDICAL RELEASE LIABILITY

I approve of my child's attendance at Summit Training Center and certify that he/she is in good health and able to participate in all activities. If medical attention is required for illness or injury while attending any activities, I give my permission for such care and hereby waive and release the Summit staff and its representatives whether paid or volunteer of all liability for any illness or injury which may occur. I understand that any person or persons utilizing the Summit Training Facility for recreation and/or sports training activities who does not abide by Summit's rules and regulations is subject to dismissal without reimbursement or recourse and the damage to facilities will be assessed to those responsible.

Signature: _____

Date: _____

Make Checks Payable to Summit Training Center.