



# “Building Athletic Development”

Want to be a better athlete?

“B.A.D.” Camp is for you!



**When:** August 8-12 from 9:00am-11:00am

**Where:** HammerBodies  
2121 Hammer Dr  
Maryland Heights, MO 63146

**Ages:** Grouped accordingly

**Cost:** \$200 / person before July 25  
\$225 / person from July 25-August 8  
Team pricing available upon request

It's good to be B.A.D.!

## Learn:

- Speed & Agility
- Power & Explosive Exercises
- Speed Mechanics
- Core Strength
- Balance
- Multiple Sport Position Application Exercises



To register contact Colby Hughes

**(314)567-3797** or **[colby@hammerbodies.com](mailto:colby@hammerbodies.com)**

**[www.hammerbodies.com](http://www.hammerbodies.com)**



For more information, visit [www.hammerbodies.com](http://www.hammerbodies.com) or call 314-567-3797.

**Official Application Form**

Please complete and return the application below and enclose your personal check or money order, made payable to:

**HammerBodies Custom Fitness  
2121 Hammer Drive  
Maryland Heights, MO 63146  
314-567-3797**

**Camp Cost:**

Individual <b>before</b> July 25	\$200.00 ea.
Individual from July 25 to August 8	\$225.00 ea.
Team	<i>Call for pricing</i>

*\*All camp fees are non-refundable.*

I am registering as a(n): Individual \_\_\_\_\_ Team \_\_\_\_\_ If team, team name: \_\_\_\_\_

*\*All teams please enclose all registration forms and check(s) in one envelope.*

**Please add my name to the 2011 B.A.D. Camp Roster:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Age: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_  
School: \_\_\_\_\_  
Parent Name(s): \_\_\_\_\_  
Parent Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Parent E-mail: \_\_\_\_\_  
Attendee E-mail: \_\_\_\_\_

I hereby request that my son, daughter or ward be permitted to attend the HammerBodies **B.A.D. Camp**. I authorize the staff to act for me according to their best judgment in emergency. I will hold harmless and release the staff, the camp, and HammerBodies Custom Fitness from any and all liabilities or responsibilities related to injuries or the death of my son, daughter or ward. I understand that my insurance coverage is primary and any coverage provided by the camp will be specifically on an excess basis only. Additionally, I understand that images/photos of my son/daughter may be taken at the **B.A.D. Camp** and release/allow such photos to be used for future HammerBodies material.

Primary Insurance Carrier: \_\_\_\_\_  
Insurance Policy Number: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_  
Applicant Signature (if 18 or over): \_\_\_\_\_  
Date: \_\_\_\_\_