

Niles Family Fitness Center

Speed, Agility, & Quickness Training

Goal: to increase speed & agility for basketball, football, soccer, volleyball, baseball, hockey, or any other sport. Functional speed, agility, and quickness training results in

BETTER PERFORMANCE!

Coaches: Keilan Bonner & Beau Desherow

SAQ (Ages 10- high school) -athletes will be grouped by age

Registration #10430

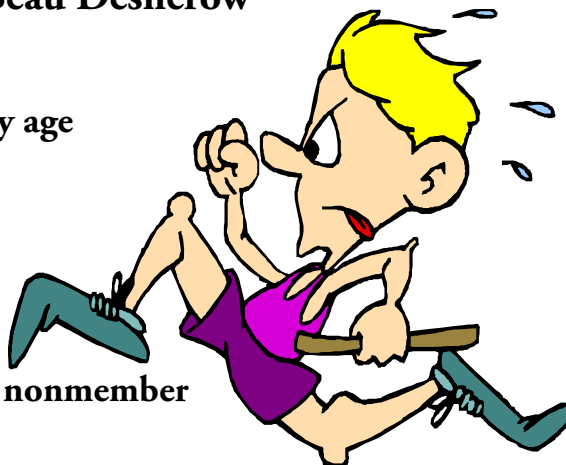
Dates: March 22 - April 21

Mon. & Wed. (5 weeks/10 sessions)

Time: 8:00-9:00pm

Session Fee: \$190 Member / \$203.00 Non-Members

Early Registration by March 15th \$175 member / \$188 nonmember



Keilan Bonner is an accomplished athlete who has been coaching at the high school level throughout the state for almost a decade. His individual accomplishments include competing at the state level in the 100 meter dash and as a member of the 400 meter, 800 meter and 1600 meter relay teams in high school and attending a Division I college on an athletic scholarship. He competed in the 100 and 200 meter dashes at the Junior Olympics in 1996 and 1997. He has been both a Boys' and Girls' Head Track Coach in Springfield, IL and is currently the sprints and jump coach at Loyola Academy in Wilmette. Coach Bonner has coached several individual and relay state qualifiers. He currently teaches upper-level mathematics at King College Prep High School in Chicago.

Beau Desherow a former Division I football player has been coaching athletes for over ten years at the college and high school level. He played high school football and basketball at Loyola Academy and was a key member on Chicago Catholic League championship teams in both sports. He was rated by Taylor Bell as the 3rd best LB prospect and 22nd best overall prospect in the state of Illinois his Sr. year of high school. He earned first team all CCL honors in football and honorable mention CCL in basketball. Tom Lemming ranked him on his all mid-west team in football and also was listed as an all-regional selection by Blue Chip Magazine. He currently is the Assistant Dean of Students at Loyola Academy and is a member of the football and basketball coaching staffs at Loyola.

Niles Family Fitness Center 987 Civic Center Dr. Niles, IL

847-588-8400

Questions, call Danielle @ 847-588-8410

PROGRAM REGISTRATION

FOR YOUR CONVENIENCE, WE ACCEPT PROGRAM
REGISTRATION BY THE FOLLOWING METHODS:

For additional registration forms visit our web site at: www.nilesfitness.com

mail

987 Civic Center Drive
Niles, IL 60714

walk-in

Monday-Friday 5:30 AM - 10PM
Saturday: 7 AM - 5PM
Sunday: 7 AM - 5PM

fax

847.588.8451
Attention: Member Services

Please make checks payable to "Village of Niles"

Registration Form

Payers Name: _____ Payers Birth Date: _____
 Address: _____ City: _____ Zip: _____
 Home Phone: _____ Work Phone: _____
 Emergency Contact: _____ Contact Phone: _____
 Non-Member _____ Member _____ Membership # _____

Participant's Name	M / F	Birth Date	Program Title	Course #	Program Dates	Fee
<i>Example: Susie Fitness</i>	<i>F</i>	<i>4/16/97</i>	<i>Playtime PICASSO'S</i>	<i>2298</i>	<i>3/4-4/8</i>	<i>35.00</i>
			SAQ TRAINING	#10430	3/22-4/21	
			Member received by 3/15			\$175
			Non-Member received by 3/15			\$188
			Member received after 3/15			\$190
			Non-Member received 3/15			\$203
					Total Due	

PAYMENT ME							
CASH		CHECK #		VISA		M/C	
CARD #						DISCOVER	
						EXP.	

WAIVER: I hereby for myself, executors and administrators, waive and release any and all right and claims for damages I may have against the Village of Niles Family Fitness Center (the Center and all its representatives, directors, officers, employees and agents), for any and all loss, claims, injury, damages or liability sustained or suffered by me in connection with my participation at the Center by use of any of its facilities at any time from this date forward or any special event sponsored by the Center at another location.

I the undersigned agree that I am responsible for all personal medical insurance and the participant's family must cover any medical costs incurred. I also understand that every precaution is taken to protect the safety of each participant. I agree to emergency treatment by a physician or hospital in the event that I or the emergency contact listed cannot be reached.

Authorized Signature _____ Date _____