

# 2015 Livingston County Youth Fitness Camp

## Camp Philosophy:

This camp is designed for athletes who sincerely wish to learn and take their fitness to another level. Our camp staff wants this camp to help your son/daughter get the most out of their abilities. Athletes will be exposed to topics such as dynamic warm-ups, proper running form, full body strengthening exercises, core exercises, nutrition and yoga. The camp staff believes that fitness should be fun and will strive to teach athletes the importance of life-long fitness skills.

## Dates:

Monday, August 3 - Thursday, August 6  
(Rain Date - Friday, 8/7)

Session: 8 AM - 10:00AM, For *boys and girls* entering grades 1-12 in September 2015

Location: Bowen Park, Main St. Livonia

## Camp Staff:

### **Patrick Moran:**

- \* Honeoye Indoor Track Head Coach and Functional Fitness Intramural Coordinator
- \* Fairport High School Rugby - Asst. Coach
- \* NYS Coaching Certification; CPR/First Aid Certified
- \* Certified Fitness Specialist, R.I.T. School of Bioscience

### **Dave Stewart:**

- \* Wayland-Cohocton Varsity Softball; Former Cross Country Coach
- \* NYS Coaching Certification; CPR/First Aid Certified

### **Bob Stewart:**

- \* Honeoye Indoor Track Head Coach and Functional Fitness Coordinator
- \* Honeoye Cross-Country Head Coach
- \* NYS Coaching Certification; CPR/First Aid Certified
- \* Certified Fitness Specialist, R.I.T. School of Bioscience

## **Cost: \$60 per athlete**

Please make check payable to "Bob Stewart" and return with player information slip below. Send money and form to:  
Livingston County Youth Fitness Camp c/o Bob Stewart

6342 Railroad Ave  
Conesus, NY 14435

**Registration/Payment Due: August 1, 2015**

Questions: Coach B. Stewart (585) 465-0933/Coach Moran (585) 748-9856

Athlete's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Grade to enter in Fall 2015: \_\_\_\_\_ Age: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Parent or Guardian Consent:

In Consideration for allowing my son/daughter to participate in the "2015 Livingston County Fitness Camp", I, as his/her parent/guardian, affirm to the Camp Staff that:

- \* I understand that participating in athletics and other camp activities involves a risk of injury or other harm.
- \* I will not hold the camp staff, its employees and agents, or the Village of Livonia responsible for any injury or other harm that results from participation in the camp.
- \* My son/daughter is in good health and has no physical condition that would prevent him/her from participating in the camp.

Parent(s) Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*This program is not affiliated with Livonia or Honeoye Central School\*\***