

**B-F.A.S.T., INC.**  
**DAWN STROUT, M.ED, CSCS, LISCENSED SPORTS NUTRITIONIST**

## **Pre-Season Training** **AGES 13–20**

*Location of Training: Yarmouth H.S.*



**Date:** Mondays, Tuesdays + Thursdays  
**Weeks:** August 2nd—August 12th, 2010  
**Time:** 8—9 am or 6—7 pm  
**Cost:** \$60 for 6 sessions

**\*Get the edge on your performance + be ready once pre-season starts. Participate in a 2 week concentrated training camp 2 weeks prior to your pre-season.**

**\*Team rates are negotiable**

### **Meet the staff:**

**Dawn Strout, CSCS, M.Ed** is the President and owner of B-F.A.S.T., Inc, LLC working with various high school, college, and recreational athletes. Is a Strength & Conditioning Coach for the USA U-18 Women's Hockey Program. Prior to the above, she was the Head Strength and Conditioning Coach for the 32 athletic teams at Bowdoin College from 1997—2006 and was the Assistant Strength and Conditioning Coach for the University of Maine Orono from 1995—1997. She has 18 years experience in the exercise science and strength and conditioning field.

**'Goals:** Prepare individual for upcoming season.

- Increase flexibility, range of motion
- Improve core strength, leg, and upper body strength
- Sprint/Movement Mechanics—linear and lateral
- Acceleration training
- Foot quickness
- Agilities
- Plyometrics—power drills
- Speed Endurance

Nutrition will be covered as well.



To register, please e-mail [30strout@gwi.net](mailto:30strout@gwi.net)

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**FOR MORE INFORMATION:**  
Phone: 650—5269



# REGISTRATION FORM

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Sport: \_\_\_\_\_

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

Parent/Guardian \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Emery. Tel: \_\_\_\_\_

Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_ School: \_\_\_\_\_

*Please check the time*  *you wish to attend:*

Time: 8—9 am

6—7 pm

PLEASE READ AND SIGN THE INFORMATION BELOW.

## *B-F.A.S.T. Training Waiver*

Please enroll the applicant named below. I understand that neither North Yarmouth Academy nor any of the B-F.A.S.T. staff assume any responsibility for accidents and medical or dental expenses incurred as a result of participation in this program. The applicant is in good health and able to undertake vigorous physical activity. I understand that I must furnish proof of health and accident insurance coverage to B-F.A.S.T. staff.

Name of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Application Procedure:**

MAIL OR E-MAIL YOUR COMPLETED APPLICATION FORM AND PAYMENT TO RESERVE A SPOT TODAY TO:

B-F.A.S.T.

27 BARTHOLOMEW ST.

LISBON, ME. 04250

PHONE: 207-650-5269 (CELL)

E-mail: 30strout@gwi.net

\*PLEASE MAKE CHECKS PAYABLE TO B-F.A.S.T., INC