

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

SPEED, ACCELERATION, STRENGTH, AND AGILITY TRAINING—Sundays AGES 13—20

Location of Training: Yarmouth H.S.



Date: Sundays, 6/20, 6/27, 7/11, 7/18, 7/25, 8/1, 8/8, 8/15

Time: 4:00—5:30 pm or 5:45—7:15 pm

Fee: \$100 (8 sessions) or \$20 drop-in fee

***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.

What to expect:

***15 minutes of dynamic warm-up**

***45 minutes of Speed, Agility, Quickness Training**

***20 minutes of small game/team competitions (soccer, field hockey, flag football, Frisbee, etc.) — dependant upon #'s**

'Goals: Work on proper technique—cleans, squats, Romanian dead lifts

- Set goals for each individual based on baseline testing
- 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

To register, please e-mail 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: _____ Emergency. Tel: _____

Doctor: _____ Telephone: _____ School: _____

Please check the time you wish to attend:

Time: 4:00—5:30pm 5:45—7:15 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