

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

ACCELERATION, POWER, AGILITY, CORE TESTING

Location of Training: Yarmouth H.S.



Pre-testing I: Sunday, June 13th, 2010

Post Testing: Saturday, August 14th, 2009

Times: 1—2:15, 2:30—3:45, 4—5:15 , 5:30—6:45

-or- call for other times / dates

Select One Testing Session

Cost: \$125 = Pre and Post Testing, Program Design

Cost: \$75 = One Testing Session, Program Design

Staff:

Dawn Strout, CSCS, M.Ed is the Director of the Human Performance Lab for Maine Medical Sports Medicine. She is the President and owner of B-F.A.S.T., Inc, LLC working with various high school, college, and recreational athletes. 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: Athlete Assessment—Program

- 10-yd. & 20-yd. dash
- Pro-agility
- Standing Long Jump; Single Leg Long Jump
- MB Throw
- Functional Movement Screen
- 'Set goals for each individual based on baseline testing



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FOR MORE INFORMATION:

Phone: 650—5269

E-mail: 30strout@gwi.net



REGISTRATION FORM

Name: _____ Age: _____ Grade: _____ Sport: _____

Please Mark you're the Session you will be attending:

Pre –Testing I:

Sunday, June 13th, 2010

Time selected _____

\$75

Time selected _____

\$75

Post Testing:

Saturday, August 14th, 2009

Time selected _____

\$75

Sign-up for both pre and post—testing = save \$\$ == \$125

Address: _____ City: _____

Parent/Guardian _____ Address: _____ City: _____

Phone numbers: Home: _____ Work: _____ Emery. Tel: _____

Doctor: _____ Telephone: _____ School: _____

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., Inc, LLC 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