



ELITE SUMMER PERFORMANCE TRAINING

- **Days and Times:** Every Monday, Wednesday and Friday. 6:30am to 7:30am
- **Age:** High School and College Athletes
- **Dates:** June 12 to August 4
- **Cost:** 8 Sessions \$229, 16 sessions \$379, 24 Sessions \$479
- **Location:** Outside Keva Sport Center Turf Field 8312 Forsythia St. Middleton, WI 53562
If Rain inside LIFTraining in Middleton (address below).
- **Questions:** LIFTraining, [608.279.2761](tel:608.279.2761). Owner: Craig Wyttbach craigw.lift@gmail.com
- **SIGN UP:** Space is **LIMITED** so sign up early to guarantee a spot. Sign up at our secure online store at <https://squareup.com/market/liftraining-llc> also find the link from our webpage: www.liftraining.com. **Or fill out sign sheet and mail to address below.**

FOCUS AREAS:

We at LIFTraining have devoted our time to helping athletes accomplish their athletic goals in the the Madison Area for over 15 years. The goal of the summer performance camp series is to implement a training program (which we have developed over the years) while working with athletes to **reduce their chances of getting injured** and **improve their overall athletic performance**. **ALL** Camp sessions will focus on improving speed, quickness in a 40 foot range any direction, core strength, agility, footwork, balance and range of motion with dynamic drill and game exercises.

SPECIAL FOCUS AREAS:

These sessions are not for all athletes. First, the time of day they are held will weed out certain athletes. The training sessions are going to encourage healthy competition to push the athletes to the next level. There will also be mental toughness days. During these days athletes will be given an opportunity to push beyond the point that they have pushed before.

*LIFTraining, LLC reserves the right to cancel
(with full refund) if minimum enrollment is NOT met. Also, understand that there will be no refund
or make up day(s) for unattended sessions. Consistent Training contributes to success.*

Please Print Clearly. Checks Payable to: L.I.F.Training, LLC

Athlete Name _____ Age ____ Parent/GuardianName _____ Phone _____

Address (Street, City, Zip) _____

Email _____ Number of sessions attending (circle one): 8 16 24

L.I.F.Training, LLC

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