

RUNNING BACK ACADEMY

HB/FB Skill Development

Unique opportunity to hone your running back skills under the tutelage of Bob Christian, 11 Yr NFL Veteran. Bob was twice picked as the top fullback in the NFL (Sports Illustrated 1998, Football Digest 2001) and was named the 2001 Atlanta Falcon's Offensive MVP. As a tailback at Northwestern, Bob broke the single season rushing record with 1291 yards.

This small group will be high intensity, competitive and focused. This is for the High School Football Player that wants to capitalize on the experiences of an NFL player that knows first hand what it takes to be successful at the highest level.

June 17th - July 29th (7 Wks)

Wednesdays: 2:00 PM - 3:00 PM

Cost: \$ 295

**Location: TCBOOST Training Facility
600 Waukegan Rd #108
Northbrook, IL 60062**

Registration: On back, due by June 8th.

Questions: (847) 271-7295 Bob Christian



***Maximum of 6 Players!
(First 6 to sign up)***

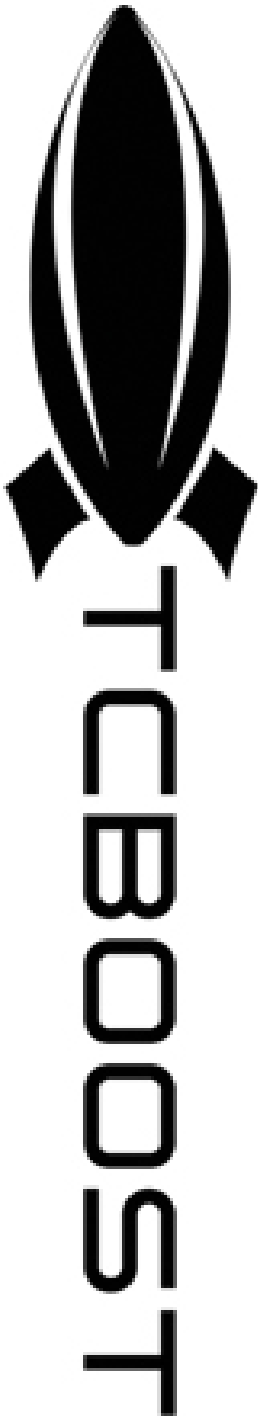
Skills Emphasized:

**Blocking (Run & Pass)
Running through Tackles
Eluding Tackles
Receiving Skills
Vision
Mental Approach**

Said of Bob Christian:

"...the most complete fullback in football." - Football Digest 2001

"...the best blocking back I've ever seen." - Dan Reeves



BOOST YOUR GAME!

www.TCBOOST.com

2009 RUNNING BACK ACADEMY



600 Waukegan Rd #108
Northbrook, IL 60062
(847) 559-2307
www.tcboost.com

MAIL THIS COMPLETED FORM WITH CHECK PAYABLE TO TCBOOST TO ABOVE ADDRESS

– Registration Form –

Please print information clearly

Athlete's Name: _____ Sport _____

Birthdate ____/____/____ Grade (2009-2010) _____ School _____

Parent/Guardian Name(s): _____

Address: _____ City: _____

Zip: _____

Best Contact Phone:(_____) _____ Email _____

Best Contact Email: _____

Current Medical Condition? _____

Payment Method (Circle): Check (payable to TCBOOST) or Credit Card (Visa/MC/Discover)

Credit Card Type: _____ Name on Card: _____

Card #: _____ Expiration Date: _____

Waiver, Release, and Assumption of Risk Form

This form is an important legal document. It explains the risks you are assuming by beginning an exercise program. It is critical that you read and understand it completely. After you have done so, please print your name legibly and sign in the spaces provided at the bottom.

Waiver, Informed Consent, and Covenant Not to Sue

I, _____, have volunteered to participate in a program of physical exercise under the direction of Accelerated Athletics L.L.C. (dba TCBOOST), which will include, but may not be limited to, speed and/or resistance training. In consideration of the Accelerated Athletics L.L.C.'s agreement to instruct, assist, and train me, I do here and forever release and discharge and hereby hold harmless the Accelerated Athletics L.L.C. and their respective agents, heirs, assigns, contractors, and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in this or any exercise program including any injuries resulting therefrom. THIS WAIVER AND RELEASE OF LIABILITY INCLUDES, WITHOUT LIMITATION, INJURIES WHICH MAY OCCUR AS A RESULT OF (1) EQUIPMENT THAT MAY MALFUNCTION OR BREAK (2) ANY SLIP, FALL, DROPPING OF EQUIPMENT AND (3) OUR NEGLIGENT INSTRUCTION OR SUPERVISION.

Assumption of Risk

I, _____, recognize that exercise might be difficult and strenuous and that there could be dangers inherent in exercise for some individuals. I acknowledge that the possibility of certain unusual physical changes during exercise does exist. These changes include abnormal blood pressure; fainting; disorders in heartbeat; heart attack; and, in rare instances, death. I understand that as a result of my participation in an exercise program, I could suffer an injury or physical disorder that could result in my becoming partially or totally disabled and incapable of performing any gainful employment or having a normal social life. I recognize that an examination by my physician must be obtained prior to involvement in this exercise program. I acknowledge and agree that I assume the risks associated with any and all activities and/or exercises in which I participate. I acknowledge and agree that no warranties or representations have been made to me regarding the results I will achieve from this program. I understand that results are individual and may vary. I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING ANY RIGHT I OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST (YOUR BUSINESS NAME) FOR YOUR NEGLIGENCE OR THAT OF YOUR EMPLOYEES, AGENTS, OR CONTRACTORS.

Participant's signature (parent/guardian if under 18)

Date

Please print name