



WINTER WORKOUTS

IRON CORE

SPEED/STRENGTH

Get Ready for Spring Season!!!!

Iron Core Athlete's Speed, Strength, & Agility Sessions Increase Strength, Improve Mental Acuity, Increase Speed, Improve Mental Focus, Boost Self-Confidence, Improve Agility Skills and Increase Self-Awareness

Through fun, challenging, team building workouts!!



**Open to any PV
athlete grades 7-12**

Dates: 1/3, 1/5, 1/10, 1/13, 1/17, 1/19, 1/24, 1/27, 1/31, 2/2, 2/8, 2/10, 2/15, 2/17, 2/22, 2/24, 2/28**

**Possible weather delays are expected. An extra snow date has been added into session in case of cancellation.

**PVHS GYMS-- 7:30-
8:40 pm**

Cost: \$60.00 (Big thanks to ASC for donation to offset costs!)

**Turn in registration from
and payment to the
athletic office no later
than 12/9 to hold your
spot. Only 55 spots
available!!**

QUESTIONS

Coach Toni Bush

Bush.toni@pvbears.org

Iron Core Winter Speed/Strength Training

Participant Name: _____ Grade: _____

Sport: _____

Parent/Guardian: _____ Phone: _____

Email (**write clearly**): _____

Emergency Contact: _____ Phone: _____

Checks payable to **PVASC**-\$60.00 Check # _____

****Complete Intramural Form and turn in with Registration/Payment.****



NOTE: This activity is not officially approved by the Pleasant Valley School District and is not necessarily endorsed or supported by the school district. Permission to distribute this information is provided as a service to students and/or staff.

Pleasant Valley School District



INTRAMURAL ACTIVITY

STUDENT APPLICATION & PARENT/GUARDIAN CONSENT

Student Name: _____ Grade: _____

(Please Print)

I hereby make application to participate in Iron Core Winter Speed Workouts

(Intramural Activity)

on scheduled dates throughout January-February 2022.

(Day(s) of the week)

Student Signature

Date

● _____ ●
Parent/Guardian consent is required for student to participate in the above-named activity.

I agree to permit my _____, _____.

Son/Daughter/Ward

Student/Applicant Full Name

to participate in Iron Core Winter Speed Workouts on scheduled days throughout Jan-Feb 2022.

(Intramural Activity)

(day/s of the week)

I recognize that hazards may be encountered and neither the school nor any school authority will be held responsible in case of personal injury.

Date: _____ Parent/Guardian Signature: _____

Telephone Numbers:

(HOME)

(CELL)

(WORK)

Parent/Guardian, please **initial** one of the following:

_____ I have already purchased school insurance for my child this school year.

_____ I have other insurance coverage as indicated below:

Name of Insurance Carrier _____

Policy/Agreement Number _____