

**Hopewell Township Parks &  
Recreation Department**  
is offering.....



**HIV SPARQ**  
SPEED • POWER • AGILITY • REACTION • QUICKNESS

Speed and Agility Training is a functional and dynamic training method that improves athletic ability through Speed, Power, Agility, Reaction and Quickness (SPARQ)! This type of training involves exercises, drills, and movements specific to the demands of your sport. The 7-week, 14 training sessions are designed for middle school through high school athletes. Sessions will consist of drills to improve running mechanics, foot speed, change of direction and lateral speed. This is a great tune-up for the upcoming Lacrosse, Baseball, and Softball seasons and to keep all athletes in great condition.



**Instructors:** Dave Caldwell, CHS Head Football Coach  
Gary Nucera, Varsity Softball Coach  
& Asst. Coach Varsity Girls Soccer

**Who:** Boys & Girls in grades 7-12

**When:** January 8, 2017 - Feb. 28, 2017  
Tuesday Nights 8pm-9pm (No 2/21)  
Sunday Afternoons 12:30pm-1:30pm (No 2/19)



**Where:** Hopewell Valley CHS Gymnasium

**Cost:** Both Days (14 sessions) \$172 (\$150 for Hopewell Twp. Resident)  
Sundays Only (7 sessions) \$92 (\$80 for Hopewell Twp. Resident)  
Tues. Only (7 sessions) \$92 (\$80 for Hopewell Twp. Resident)



Registration is limited to the first 60 applicants.  
**Deadline to register is Thursday, Jan. 5<sup>th</sup>.**  
**No walk-ons permitted, you must pre-register.**

Call (609) 737-3753 to register OR  
Register online at <https://register.communitypass.net/hopewelltownship>



**HVSPARR**  
SPEED • POWER • AGILITY • REACTION • QUICKNESS

**REGISTRATION  
FORM**

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Gender: M / F Home Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street

City, state, zip

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent Email: (Please print neatly) \_\_\_\_\_

Emergency Contact Name (Not parents): \_\_\_\_\_ Phone: \_\_\_\_\_

**Jan. 8 – Feb 28, 2017**

**Sessions are held: Sundays from 12:30pm to 1:30pm and/or Tuesdays from 8pm to 9pm**

**Shirt Size:** Ad Sm \_\_\_\_\_ Ad Med \_\_\_\_\_ Ad Lg \_\_\_\_\_ Ad XL \_\_\_\_\_

**Both days – 14 sessions**  
**\$172 or \$150 HT RES**

**Sundays only – 7 sessions**  
**\$92 or \$80 HT RES**

**Tues. only – 7 sessions**  
**\$92 or \$80 HT RES**

*Registrants of all ages, by virtue of their participation, agree to be photographed and have pictures published as part of promotional and media campaigns unless we are formally notified of your expressed desire to be excluded.*

**HOPEWELL TOWNSHIP HOLD HARMLESS AGREEMENT & MEDICAL RELEASE:** Participants assume all reasonable risks which may exist by virtue of participating in these activities and hereby indemnify, hold harmless, waive and release any and all rights and claims for damages against the Township of Hopewell, its agents, servants and employees, Hopewell Township Parks and Recreation, its agents, servants and employees, and other such individuals who may be involved in the planning and implementation of the program, for claims by participants, heirs, executors, administrators, or any other third parties for injuries that may arise from participation in this program, or acts of negligence or gross negligence arising out of this agreement. I hereby further authorize emergency medical care for my child/children during attendance in the program. If, in the judgment of the staff, treatment is required for any injury or illness, I also hereby authorize the administering of anesthetics and recourse to other procedures deemed necessary by attending physician. I understand that whenever possible I will be notified prior to medical treatment of my child/children, or at the earliest possible time should prior notice prove impossible. I further understand that I am financially responsible for any medical expenses or emergency transportation incurred on my child/children behalf.

**Please be aware my child has the following medical conditions:**

\_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**SIGNATURE OF PARENT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Deadline to register is Thursday, Jan. 5<sup>th</sup>.**

**No walk-ons permitted, you must pre-register.**

**Program fee to be paid with registration form. Fees listed above.**

**Make checks payable and send to:  
Phone # (609) 737-3753**

**HOPEWELL TOWNSHIP PARKS & RECREATION DEPT.  
201 Washington Crossing-Pennington Road  
Titusville, NJ 08560**



**Refund Policy:** Registrants who withdraw prior to the start of a program may be issued a refund only if the HTPRD is notified in writing at least ten (10) working days prior to the event or start of the program. **NO REFUNDS** will be granted once a program has begun. A \$20 administrative service charge will be deducted from all refunds granted.