

# Jump Program



**ALL  
Athletes**  
7<sup>th</sup> - 12<sup>th</sup> Grade

**COST**  
TBD  
6 Weeks  
When: TBD

**Tuesday, Thursday  
& Friday**  
Time: TBD  
Durant High School  
Durant

**Monday, Wednesday,  
& Friday**  
Time: TBD  
Wilton High School Gym  
Wilton

Maximize Sport Performance

- ✓ At the end of the six weeks of training participants will be able to begin the fall/winter sports season with a solid foundation of strength, speed, agility and flexibility.
- ✓ Jumping drills to teach the athlete to preposition the entire body safely when accelerating (jumping) or decelerating (landing).
- ✓ Performing maneuvers with sound mechanics decreases the likelihood of a serious knee injury.
- ✓ A solid foundation of strength, coordination and overall physical conditioning is required for athletes to attain their highest potential in their sport-specific skills
- ✓ A program designed and supervised by an athletic trainer, physical therapist, and Certified Strength and Conditioning Specialist!

Complete registration/consent form found on <http://eiptherapy.com/>. Return to Wilton or Durant Clinic by June 6<sup>th</sup>.  
If any questions contact Jason Feldman @ 732-4317 or by email [jfeldman@eiptherapy.com](mailto:jfeldman@eiptherapy.com)  
Wilton Clinic, 400 Ovesen Dr., Wilton Iowa Phone 563-732-4317 Durant Clinic, 5<sup>th</sup> St. (Heinsite Fitness), Durant, Iowa



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## Registration/Consent Form for Participation

Athlete name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

I wish to attend the Jump Program at: Wilton \_\_\_\_\_ Durant \_\_\_\_\_ (check one)

Personal Goal for this Program:

\_\_\_\_\_  
\_\_\_\_\_.

### CONSENT:

By signing this agreement, I give consent for my son/daughter to participate in the Jump Program sponsored by Eastern Iowa Physical Therapy, PC. I hereby authorize the staff at Eastern Iowa Physical Therapy to act according to their best judgment in any emergency situation. At this time, my son/daughter is in good physical health and able to perform the program activities. I also waive and release Eastern Iowa Physical Therapy, PC from any liability from injuries.

If you have questions, contact Jason Feldman at 732-4317 or by email [jfeldman@eiptherapy.com](mailto:jfeldman@eiptherapy.com)

Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_