

INDOOR TRACK & FIELD TRAINING



Congratulations to all the student-athletes that are competing in cross country and other fall sports. The Indoor Track & Field season is right around the corner and we are here to offer you the opportunity to train at one of the best Indoor Track & Field Facilities in the World, the Spire Institute in Geneva, Ohio. We are teaming up with the Spire Institute to offer a day of Training at Spire and a weekly workout schedule.

Training Dates at Spire Institute:

They are open to us training at the facility on Tuesdays from 3:30 – 5:30 p.m. With getting out of school and the drive time, we would meet at Spire between 3:30 – 4:00 p.m. and practice until 5:30 p.m.

All **TUESDAYS**.....Please notice there is a High School and Middle School Plan listed below.

HIGH SCHOOL PLAN (12 Training Days):

December 5, 12, 19 January 2, 9, 16, 23, 30 February 6, 13, 20, 27

If you register prior to October 15, 2017: The Participation Fee for the twelve (12) TUESDAY Training Days is \$140 + you must have a valid USATF Membership (\$20 per student).

If you register ON / AFTER October 15, 2017: The Participation Fee for the twelve (12) TUESDAY Training Days is \$150 + you must have a valid USATF Membership (\$20 per student).

MIDDLE SCHOOL PLAN (9 Training Days):

January 2, 9, 16, 23, 30 February 6, 13, 20, 27

If you register prior to October 15, 2017: The Participation Fee for the nine (9) TUESDAY Training Days is \$100 + you must have a valid USATF Membership (\$20 per student).

If you register ON / AFTER October 15, 2017: The Participation Fee for the nine (9) TUESDAY Training Days is \$110 + you must have a valid USATF Membership (\$20 per student).

USATF Membership: <https://www.usatf.org/membership/application/index.asp>

Please go to the above web page and complete the individual USATF Membership (Student), Under the section for **USATF-Registered Club** – Please enter **1701** for **TEAM Nieset**. When you go to page 2, please add my e-mail (craignieset@gmail.com) as a confirmation e-mail.

Please DO NOT register until AFTER November 1, 2017 so your registration carries over to 2018.



To finalize your Registration, you need to return the following:

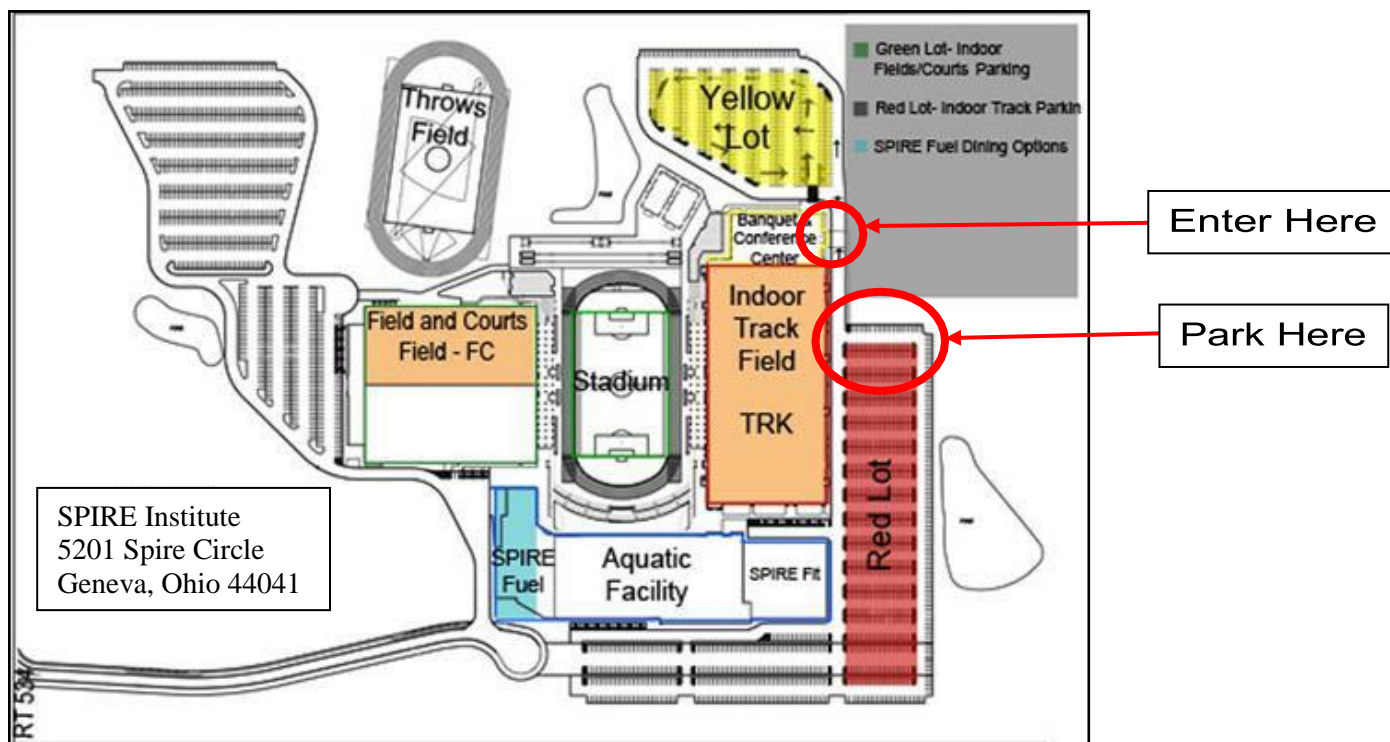
1. **Athlete Information Sheet**
2. **Participation Fee** - you can make check out to **TEAM Nieset** or use www.PayPal.com account: niesetjennifer@gmail.com
3. **TEAM Nieset Release**
4. **SPIRE Release**
5. **Register for USATF Membership after November 1, 2017**

To:
craignieset@gmail.com
or
Craig Nieset
11770 Wellesley Lane
Chardon, Ohio 44024

Looking forward to working with the numerous student-athletes that are interested in training during the winter months. This is an amazing opportunity

Thank you very much for your time and if there are any additional questions, please call me at (330) 421-3145.

Coach Nieset



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Please see below for some great opportunities.....

1. Any Student-Athlete who was training with TEAM Nieset at SPIRE last year (2016-2017) and brings a NEW Student-Athlete to the Training Program in 2017-2018, will have their name placed in a drawing for the RECOVER and ENERGIZE. Your name goes in the drawing for each new athlete you bring to the Indoor Training TEAM and the winner will receive one (1) container of Performance Line RECOVER and a \$50 gift certificate to Second Sole Mentor. New Student-Athletes must be signed up by Friday, November 10, 2017.
2. There is also a T-Shirt Design Contest for ALL Student-Athletes who are signed up for the Indoor Training TEAM. The ONLY requirement for the t-shirt design is that you must include the TEAM Nieset Logo, as seen above in your design. The designs will be judged by a group of coaches and the winner of the t-shirt design will receive one (1) container of Performance Line ENERGIZE and a \$50 gift certificate to Second Sole Mentor. All entries are due by 9:00 p.m. on Friday, October 27, 2017 to craignieset@gmail.com or mailed to TEAM Nieset, 11770 Wellesley Lane, Chardon, Ohio 44024.
3. There is also an opportunity for a non-participant in the training, who is interested in helping with timing, recording, and helping as needed at each Tuesday practice (12) at Spire. It would be around 2 hours of your time and they would be compensated \$20 for each Tuesday they help. Would like a commitment for the entire 12-week training session.



SUPPLEMENT FACTS	
Serving Size: 1 level scoop (35 g)	
Servings Per Container: 20	
AMOUNT PER SERVING	% DV [†]
Calories	130
Calories from Fat	5
Total Fat	0.5 g 1%
Cholesterol	10 mg 3%
Total Carbohydrate	10 g 3%
Sugars	7 g **
Protein	20 g 40%
Calcium	110 mg 10%
Iron	0.6 mg 4%
Sodium (as Sodium citrate)	150 mg 6%
Potassium (as Potassium citrate)	130 mg 4%
MUSCLE RECOVERY BLEND	23 g **
Whey protein isolate, Pea protein isolate, Micellar casein, [Branched-chain amino acids (BCAAs): L-leucine, Valine, Isoleucine (2:1:1)], L-glutamine	
Pomegranate extract (seed)	650 mg **
Quercetin (<i>Uncaria elliptica</i>) extract (leaf)	300 mg **
[†] Percent Daily Values are based on a 2,000 calorie diet.	
^{**} Daily Value (DV) not established.	
OTHER INGREDIENTS: Beet sugar, Natural orange flavor (with other natural flavors), Citric acid, Sodium citrate, Xanthan gum, Stevia leaf extract, Potassium citrate, Annatto extractives (color).	



SUPPLEMENT FACTS	
Serving Size: 1 packet (6 g)	
Servings Per Container: 10	
AMOUNT PER SERVING	% DV [†]
Calories	15
Total Carbohydrate	4 g 1%
Sugars	2 g --
Calcium (as calcium citrate)	5 mg 1%
Magnesium (as magnesium citrate)	20 mg 5%
Sodium (as sodium citrate and chloride)	115 mg 5%
Potassium (as potassium citrate)	40 mg 1%
PERFORMANCE/ANTI-MUSCLE FATIGUE BLEND	
Beta-alanine	800 mg --
Quercetin (<i>Uncaria elliptica</i>) leaf extract	500 mg --
Green tea (<i>Camellia sinensis</i>) leaf extract (provides 100 mg of natural caffeine)	200 mg --
[†] Percent Daily Values are based on a 2,000 calorie diet.	
^{**} Daily Value (DV) not established.	
OTHER INGREDIENTS: Beet sugar, Citric acid, Stevia (<i>Stevia rebaudiana</i>) leaf extract, Natural lemonade flavor type, Silica.	
DISTRIBUTED BY: Beachbody, LLC, Santa Monica, CA 90404	
• 1 (800) 818-8174	



ATHLETE INFORMATION SHEET



Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Age: _____

Student Cell Phone: (_____) _____ High School / Middle School: _____

Student E-mail: _____

Parents / Guardians Name: _____

Parent / Guardian E-mail(s): _____

Emergency Contact: _____ Cell Phone: _____

Personal Best Times / Height / Distance for the following:

Road: 5k: _____ 10k: _____ ½ Marathon: _____ Cross Country: _____

Track & Field: 100 _____, 200 _____, 400 _____, 800 _____, 1600 _____, 3200 _____

Running:

What Year did you start Running: _____ Did you take a break for Running: _____

What is your longest run: _____ How many miles per week are you used to running: _____

What is your favorite type of run: _____

Please list any injury(s) due to running, racing or competing: _____

Why do you enjoy Running: _____

Running Goals You Have: _____

Weight Lifting:



Have you lifted weights before: _____

If yes, what type of weight lifting: _____

Is there a workout program or weight lifting program you have followed: _____

Nutrition:

Do you focus on your nutrition on a daily basis? _____

If yes, what type of plan: _____

What does a typical day of eating look like for you:

Breakfast: _____

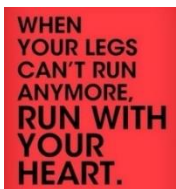
Lunch: _____

Dinner: _____

Snacks: _____

How many hours of sleep do you get each night: _____

Do you have a Goal Race: _____



“Most people run a race to see who is the fastest. I run a race to see who has the most guts.” Pre

Please list any details about your Training / Running that were not answered in any of the above questions.

TEAM NIESET

GENERAL RELEASE FOR ATHLETIC TRAINING



The undersigned is registering individually or as the parent/legal guardian of a minor, child or both. As used on registration form, registrant is an adult registering for an activity individually or as a parent/legal guardian of a minor, child or both. I recognize the possibility of physical injury associated with the participation with TEAM Nieset. I hereby assume any RISKS and release, discharge and otherwise indemnify the TEAM Nieset USATF Track & Field Club, its officers, against any claim for injuries received by the registrant {and/or minor(s)} as a result of participation with TEAM Nieset, or during transportation to or from practice/competition. The undersigned hereby gives consent for participation with TEAM Nieset. In addition, the undersigned gives consent for emergency care prescribed by a duly licensed physician or dentist. This care may be given under whatever circumstances necessary to preserve the life, limb or well being of the registrant and or minor(s). In addition, all participants must have medical health insurance.

Name of Athlete/Participant: _____

Print Name of Parent/Legal Guardian: _____

Signature (Parent signature if under 18 years): _____

Date: _____

Relationship to Minor: _____

Cell Phone: _____

Address: _____

Email: _____

Emergency Contact Name: _____

Emergency Phone: _____

Medical Insurance Policy Company: _____ Policy #: _____

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____



LIVE - LEARN - LISTEN - HAVE FUN - COMPETE - WIN



Team Roster Waiver

P.O. Box 316, South Broadway
Geneva, OH 44041
t 440.466.1002 f 440.415.1087
www.spireinstitute.org

Team Name: TEAM Nieset

Division: NA

Team Contact: Craig Nieset

WAIVER OF LIABILITY INDEMNITY AGREEMENT AND ASSUMPTION OF RISK

*Please read the following sections carefully and then sign. If the registrant is a minor (under 18) a parent or guardian must sign.

In consideration of permission to use, today and on all future dates, the property, facilities, and services of SPIRE Organization. (hereafter referred to as SPIRE) I, on behalf of myself, my heirs, personal representatives, or assigns, do hereby release, waive, discharge and covenant not to sue SPIRE, its directors, officers, employees, volunteers, independent contractors, and agents from liability from any and all claims arising from negligence of SPIRE or any of the aforementioned parties. This agreement applies to 1) personal injury (including death) from accidents or illnesses arising from participation in SPIRE activities including, but not limited to, organized activities, classes, observation, and individual use of the facilities, premises, or equipment; and to 2) any and all claims resulting from the damage to, loss of, or theft of property.

Indemnification and Hold Harmless: I also agree to HOLD HARMLESS AND INDEMNIFY SPIRE from all claims resulting from negligence and to reimburse them from any expenses incurred as a result of my involvement at SPIRE. I further agree to pay all costs and attorney's fees incurred by SPIRE in investigating and defending a claim or suit if my claim is withdrawn, or to the extent a court or arbitration determines that SPIRE is not responsible for injury or loss.

Severability and Venue: The undersigned further expressly agrees that the foregoing waiver and assumption of risk agreement is intended to be as broad and inclusive as is permitted, by the law of the State of Ohio and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Likewise, I agree that if legal action is brought, it must be brought in Ashtabula County, Ohio.

Acknowledgement of Understanding: I have read this waiver of liability and indemnification agreement and fully understand its terms. I understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law in the State of Ohio.

Player Photography Consent: Participant and Parent/Guardian consent to all recording, photographing and filming of Participant and all agree that SPIRE can use these recordings and images for all purposes of marketing or promoting SPIRE without payment to, or additional consent of Participant or Parent/Guardian.

Athlete's Full Name	School or Club Name	Home Phone (Emergency purpose)	Parent's Signature
	TEAM Nieset		
	TEAM Nieset		