

Shocker Fitness

A Community Exercise Program for Wichita
Est. 2008



Welcome to Shocker Fitness with coach bolt! Steve Rainbolt, "coach bolt", is the Wichita State University Head Track and Field Coach. Come join a group of like-minded people, all striving to improve their fitness through the guidance of trained Coaches, a supportive group, and the excellent track facilities associated with WSU!

"Today I am doing what others won't, so tomorrow I will have what others don't"
- Jerry Rice

Shocker Fitness is offered in 10 week sessions, five times a year. Each 10 week session includes 30 workout sessions held on Mondays, Wednesdays and Fridays. There are 2 workouts each day to choose from: 5:30 am and 5:45 pm.

Each session meets at Cessna Stadium, or in the case of inclement weather, the Koch Arena practice gyms. Cessna Stadium offers excellent Division 1 track facilities, an adjoining weight room and some of the longest continuous stadium stairs for workout use available. Shocker Fitness offers all of this, as an exercise program for Wichita!

"It's a New Dawn – It's a New Day – It's a New Life for Me – And I'm Feelin' Good"
- Michael Buble

Shocker Fitness represents a wide range of ages and athletic ability. "Everybody goes at their own pace", Rainbolt said. "If they can't handle some of the intense stuff that we do, then they got a little bit slower. We've had them all the way up into their 70's here. And all the way down to junior high age."

"Reframe exercise as a privilege. You don't HAVE to exercise ... you Get to exercise!"
- Coach Bolt

Join us today by filling out the Shocker Fitness Registration Form!

Yearly 10 week sessions include: New Year's Resolution (Jan-Mar), Spring Training (Mar-May), Six-Pack Summer (May-Aug), Back to School (Aug-Oct), Turkey Trot (Oct-Dec)

You can still join us in the current session!!! "Come find your Greatness!!!"



Shocker Fitness 2019

A Community Exercise Program for Wichita



Registration Form:

Welcome to Shocker Fitness w/ coach bolt! Steve Rainbolt (coach bolt) is Wichita State's University Head Track and Field Coach. This registration form is for the **2019 season** of Shocker Fitness. There will be five sessions of ten weeks. Each 10-week session includes 30 workout sessions held on Mondays, Wednesdays, and Fridays. There will be two workouts each day to choose from—5:30 a.m. and 5:45 p.m. Six Pack Summer we add a 7AM option. Each session will meet at Cessna Stadium and/or the Koch Arena practice gym on days of inclement weather. We will open 15 minutes early, so you can begin warming up on your own before the fitness session begins. The fee is \$55 for the 10-week session. If you join after the halfway point during this session, the cost will be reduced to \$35.

Name: _____ DOB: _____ Date: _____
Address: _____ Phone #: _____
City: _____ State: _____ Zip Code: _____
T-Shirt Size: _____ Email: _____
Family Medical Insurance Company: _____
Employer: _____

SESSION YOU WILL PRIMARILY ATTEND

5:30 AM

5:45 PM

Summer 7AM

I verify that my child/ward has been checked by a licensed physician and is physically able to participate in the Shocker Fitness. I understand that participation in the camp will involve instruction in the sport of fitness and may include vigorous physical exercise or activity involving a multitude of risks, including but not limited to, broken bones, sprains, muscle pulls and head injuries. In consideration of my child/ward being able to participate in the Shocker Fitness, I hereby agree and promise that I will not hold Shocker Fitness nor its employees responsible for any loss, damages, or personal injury received as a result of my child/ward's participation or the conduct of camp directors and/or employees, including negligence. I hereby authorize the directors of the Shocker Fitness to act for my child/ward according to their best judgment in an emergency requiring medical attention, including the authorization of medical treatment. I agree to allow my child/ward to be treated by a certified athletic trainer or licensed physician (if necessary) and to assume all costs related to such treatment. I authorize my insurance company to pay benefits as required for medical treatment resulting from participation. Also, I authorize the disclosure of medical information to my insurance for the purpose of claim. This camp is operated by Shocker Fitness and is not operated by, connected with or an official function of Wichita State University or the WSU Intercollegiate Athletic Association, Inc.

Signature: _____

Emergency Contact: _____ Emergency Phone: _____

(If you are under the age of 18 you must have a parent or legal guardian sign.)

Parent/Guardian: _____ Emergency Phone: _____

Parent/Guardian Signature: _____ Date: _____

SESSIONS

___ New Year's Resolution (Jan 7-Mar 15)

___ Spring Training (Mar 18-May 24)

___ Six-Pack Summer (May 27-Aug 2)

___ Back-to-School (Aug 5-Oct 11)

___ Turkey Trot (Oct 14 -Dec 20)

Send registration forms to:

Shocker Fitness
8107 E Windwood Cir
Wichita, KS 67226

Make Check Payable to: Shocker Fitness

Coach Bolt:

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