

SKIATOOK BULLDOG SPEED & STRENGTH CAMP 2020

(SUMMER PRIDE)

We will be thoroughly keeping equipment and facilities clean and making sure your child's safety is first. We are extremely excited to get back to our summer routine but know that we will be making adjustments to keep everyone safe. Look after yourself, to look after us all. If you don't feel good then stay safe and stay home.

Each athlete will be required to complete this Google form before they can attend any of your workouts (they only have to do this one time, not daily). Here is the link to that form <https://forms.gle/sMX5QVaBMkYQierNA>.

SPEED & STRENGTH DEVELOPMENT: *This program is designed to improve an athlete's speed and agility, as well as conditioning and strength. A combination of weight lifting, bands, stretching, form running, agility drills, resistance training, over speed running, plyometrics, and anaerobic training will be used to accomplish these goals. This will maximize results while minimizing as many injuries as possible during performance.*

Dates: 9th Grade – 12th Grade: **June 15th – Aug 6th**
7th Grade – 8th Grade: **July 6th – Aug 6th**

Who: Athletes **7th – 12th Grade** (2020-2021 School Year)

Times: 9th – 12th Grade **7:00 am – 8:15 am**
7th, 8th Grade **8:45 am – 10:00 am**

Days: Monday, Tuesday, and Thursday { Dead Period (Aug 29 week) is still pending OSSAA mtg. }

Price: (\$50.00 9th-12th) (\$35.00 7th-8th) per athlete (Make checks payable to **Brian Miller**)

Complete and Turn in form to Brian Miller or Vance Miller: CONTACT # 918-396-2601

Athlete Contact Information

Name: _____ Phone # _____ - _____ - _____

Address: _____

Fall 2020 Grade: _____ Sports _____, _____, _____

Emergency Contact Information

Parent / Guardian: _____ Relationship to Athlete: _____

Emergency Contact Phone #: © _____ - _____ - _____ (W) _____ - _____ - _____

PERMISSION WAIVER

My son has permission to participate in SUMMER PRIDE. In the event of an emergency in which my son requires medical attention, I authorize the staff and athletic trainer to act for me and to obtain whatever medical treatment that the staff may deem necessary. I specifically waive, give up and release the instructors and Skiatook Public Schools from liability for any claim or financial responsibility for damages, which my son may receive from injuries, or illnesses he may sustain at, or traveling to and from the camp.

ATHLETES NAME: _____

PARENT / GUARDIAN SIGNATURE: _____ **DATE:** _____