



GLADIATOR STRENGTH & SPEED CAMP

WHO: BOYS ENTERING GRADE 7-8 IN FALL 2018 (*LIMIT FIRST 30)

WHEN: TUESDAYS/THURSDAYS FROM JUNE 14-AUGUST 2 8:30-10:00 AM

WHERE: ST. FRANCIS GYM/WEIGHT ROOM (SEE SCHEDULE)

COST: \$100 (INCLUDES 13 TRAINING SESSIONS AND T-SHIRT)

PROGRAM INCLUDES:

- INTRODUCTION TO STRENGTH TRAINING
- RUNNING MECHANICS
- SPEED/ACCELERATION TRAINING
- METABOLIC CONDITIONING & PLYOMETRIC TRAINING
- TEAM BUILDING
- FULL BODY FITNESS (SPIRITUAL, MENTAL, PHYSICAL)

GOALS:

- PROVIDE AN INTRODUCTION TO STRENGTH AND SPEED TRAINING IN A SAFE/SUPERVISED ENVIRONMENT
- ALLOW EACH ATHLETE TO REACH THEIR ATHLETIC POTENTIAL
- DECREASE CHANCE OF IN-SEASON INJURY
- DEVELOP STRENGTH AND CONDITIONING IN PREPARATION FOR THE SEASON
- CREATE A SUPPORTIVE AND COMPETITIVE CULTURE

WHAT TO BRING:

ATHLETIC CLOTHING (SHIRT/SHORTS)

ATHLETIC SHOES

WATER BOTTLE

QUESTIONS? CONTACT:

CARL SCHOLTEN

SEAS PRINCIPAL, COACH

CF-LI, STRENGTH SPECIFIC SEMINARS CERTIFICATION: BRONZE

cscholten@gtacs.org



2018 GLADIATOR STRENGTH & SPEED CAMP

ATHLETE'S NAME _____ PHONE # _____

ADDRESS _____

GRADE (NEXT YEAR) _____ DATE OF BIRTH _____

SPORTS PLAYED _____

T-SHIRT SIZE (ADULT) S M L XL XXL

*REGISTRATION FORM AND PAYMENT (CHECK/CASH) DUE TO MR. SCHOLTEN OR SF ATHLETIC OFFICE BY JUNE 8

*CHECKS PAYABLE TO GTACS

MEDICAL RELEASE

Each participant must have personal medical insurance. Any accident or illness will be treated at Munson Medical Center

I hereby authorize the Camp Director of the St. Francis Summer Sports Camp to act according to their best judgment in any emergency requiring medical attention. The undersigned acknowledges that, to the best of their knowledge and belief, the camper has no physical disability or problem that would in any way restrict the camper's ability to participate in this program. Further, I release St. Francis High School from any claim relative to any pre-existing condition and/or disability.

SIGNATURE OF PARENT/GUARDIAN _____

MEDICAL INSURANCE COMPANY _____ POLICY # _____

EMERGENCY CONTACT NAME AND PHONE NUMBER _____

PHYSICIAN'S NAME AND PHONE NUMBER _____

PLEASE NOTE ANY MEDICAL INFORMATION FOR CAMP DIRECTOR (ATTACH IF NECESSARY)
