



2024 Women's - CardinalSummerSTRONG S&C Sign up Form



ATHLETE's Name _____

2024/2025 grade level _____

Sports involved in _____

T-Shirt Size _____

Preferred Session ____ 7:30-8:30 am ____ 8:30-9:30 am

Parent/Guardian Phone/Email _____/_____

____ I have enclosed my payment of \$50 to reserve my spot for summer weights.

SCHOLARSHIPS ARE AVAILABLE!!

Incentives will be based solely upon participation at EMS Summer Conditioning sessions. Outside practices, exercise, vacations, etc will not count towards incentive rewards.

Please Check Payment Method

CASH

CHECK (Check Number _____)

Venmo (@Scott_Russell_5_Rings) Please make note L: Student's Name

Request Scholarship

Make checks payable to **Eudora High School. Cash is accepted.** Please bring payment to the EHS Main Office. If you cannot pay, there are scholarships available- please contact Coach Russell.

I, _____ will commit to my improvement as an athlete. I understand that this is a rigorous program and I willingly accept the challenge and personal responsibility to make myself better.

X. _____

Student/Attendee Signature Required

Permission is granted for participation in the Eudora Summer Strength and Conditioning program. I understand that all athletes will not earn the summer rewards and have read and comply with the policies in the summer handbook. I understand that the program is athletic in nature and declare that my child is physically able to participate. I authorize the coaches to act according to their best judgment in any emergency requiring medical attention. Furthermore, I release USD 491 and its employees from all claims resulting from any injury my child may sustain while attending. I/We assume all risks associated with participation in this camp that may lead to injury. I acknowledge that I am physically fit and mentally capable of participating in physical activity. I agree, for myself and anyone entitled to act on my behalf, to hold harmless, waive and release Eudora Middle School, its employees, organizers, representatives, and successors from any responsibility, liabilities, demands, or claims of any kind arising out of my participation in this camp or affiliated events. By my signature, I indicate that I have read and understand this Waiver of Liability. This is a waiver and a release of liability, and I voluntarily agree to its terms.

X. _____

Parent/Legal Guardian Signature Required