



Archbishop Hannan High School Summer Strength & Conditioning Program



Archbishop Hannan High School offers a Summer Strength & Conditioning Program for all students who desire to maintain or improve athletic performance during the summer months. Exercises are customized based on a student's primary sport and are supervised by a certified strength and conditioning coach. Group sizes are limited to optimize coaching and positive reinforcement. **Participating students must have a current LHSAA approved physical on file and must be enrolled for the 2019/2020 school year.**

The deadline to register for the summer program is **May 17, 2019**

Complete this form and return to Coach Wattigny (Football) or Coach Falter (all other sports)

Student's Name _____ Grade (2019/2020) _____

Primary Sport(s) _____

Head Coach _____

Date of LHSAA approved physical (date must be 7/26/2018 or later) _____ or

Check if student will participate in Hannan provided physicals on Thursday, May 23, 2019

Payment should be made electronically via <https://tuitionportal.fbtonline.com> Checks or cash should not be submitted for payment.

Primary Sport	Workout Days	Workout Times	Cost
Volleyball	M, T, TH	6:30 – 8:30a	\$185
Baseball	M, T, TH	6:30 – 8:30a	\$185
Wrestling	M, T, TH	6:30 – 8:30a	\$185
Track & Field	M, T, TH	6:30 – 8:30a	\$185
Cross Country	M, T, TH	6:30 – 8:30a	\$185
Non –sport specific	M, T, TH	6:30 – 8:30a	\$185
Football	Varies by month	8:30 – 11:30a	\$210

- Workouts begin June 3, 2019 and end July 25, 2019. No workouts are scheduled during the week of Independence Day (July 1 – 5).
- Note: if group sizes exceed the maximum allowed, students will be given the option to move to a different workout time.

Parent/Guardian Contact Information:

Name _____ Relationship _____

Email _____ Cell # _____ Work# _____

Name _____ Relationship _____

Email _____ Cell # _____ Work# _____

Emergency Contact (if parents cannot be reached)

Name _____ Relationship _____

Cell # _____ Work# _____

Medical Information and Insurance Coverage:

List medications, medical issues, or allergies: _____

Insurance Provider _____

Policy Holder's Name _____ Policy/Group Number _____

Parental/Guardian Consent:

I, _____ grant permission for my child _____
Print parent/guardian's name Print child's name(s)

to participate in the Hannan Strength & Conditioning Program. This Program will take place under the guidance and direction of employees and/or volunteers from Archbishop Hannan H.S. As the parent and/or legal guardian, I remain legally responsible for any actions taken by the above named participant. I agree on behalf of myself or my child named herein to hold harmless and defend Archbishop Hannan H.S., its officers, directors, employees, and the Archdiocese of New Orleans, its employees or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the school, its officers, directors and agents, and the Archdiocese of New Orleans, its employees and agents and/or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the school/Archdiocese. Further, Archbishop Hannan H.S. reserves the right to photograph its participants to reproduce such images to promote, publicize, or explain the programs and its activities.

Signature: _____

Date: _____