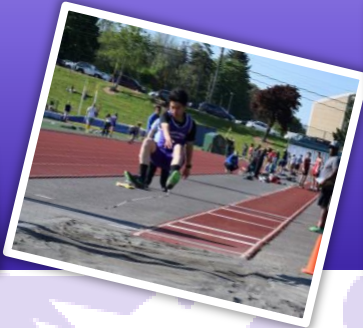


Northshore School District shall be held harmless from any cause of action, claim, or petition filed in any court or administrative tribunal arising out of the distribution of these materials including attorney's fees and judgment or awards.

# STUDENT ATHLETIC HEALTH AND PERFORMANCE WORKSHOP

LEAD BY A PANEL OF LOCAL HEALTH CARE PROFESSIONALS. MORE INFORMATION ON REVERSE.

*BENEFITING NORTH CREEK TRACK AND FIELD*



***Each student will receive an individualized evaluation, instruction on corrective movements and individualized specialized strength improvement plan.***

## F.M.S.

### **Functional Movement Screen**

The **FMS** modality evaluation checks for motor control, mobility, stabilization, movement sequencing and muscle recruitment, while identifying deficiencies. Students will receive instruction & practice on correct movement mechanics, in addition to a custom specific strength routine.

## P.R.I.

*BREATHING EXERCISES HAVE A MULTITUDE OF BENEFITS. THE **POSTURAL RESTORATION INSTITUTE**, THEORIZES THAT MOVEMENT IMBALANCES STEM FROM THE EFFECT OF BREATHING AND YOUR POSTURAL INTEGRITY. CONSIDERING HOW THE SPINE, RIBS AND LUNGS ARE IMPACTING THE KINETIC CHAIN. STUDENTS WILL LEARN TO CONTROL BREATHING EQUALLY TO BOTH LUNGS, WHILE STABILIZING THROUGH MOVEMENTS.*

### **Pre-Registration**

With NC Book-keeper [KWaligorski@nsd.org](mailto:KWaligorski@nsd.org)

Open to North Creek Students until 3/4/20, then enrollment will open to friends and family of North Creek.

Recommended for Students ages 12 and up

What: Performance and Injury Prevention Workshop with Licensed Health Professionals

When: March 14<sup>th</sup> from 9:00am-1:30pm &  
April 4<sup>th</sup> from 9:00am-1:30pm

Cost: \$75 1<sup>st</sup> Student \$65 Siblings or Parents  
\$50 Single Day  
*Checks to North Creek ASB*

Where: North Creek High School Gym

Why: Improved Mobility, Motor Control and Performance.

Inquire Further with Head Track & Field Coach:

Nicole Luckenbach:

[nluckenbach@nsd.org](mailto:nluckenbach@nsd.org)

O:425-408-4515

# STUDENT ATHLETIC HEALTH AND PERFORMANCE WORKSHOP

OUR EXPERT PANEL OF LICENSED HEALTH CARE PROVIDERS CONSISTS OF PHYSICAL THERAPIST PROFESSIONALS AND CERTIFIED FUNCTIONAL MUSCLE SCREENER, SPECIALIZING IN YOUTH INJURY PREVENTION. THE COMMUNITY HAS COME TOGETHER TO OFFER THIS EDUCATIONAL WORKSHOP TO TEACH OUR STUDENTS PROPER MOVEMENT MECHANICS AND SEQUENCING. ALL SHARING IN THE COMMON GOAL OF PREVENTING INJURIES AND INCREASING ATHLETIC PERFORMANCE. JOIN US IN TAKING THE NEXT STEP TO REACHING YOUR ATHLETIC GOALS.

The **2020 Schedule** of events is below. Attendees will need to dress in athletic attire and bring a pencil. They are welcome to bring a water and snack.

<b>March 14<sup>th</sup> 2020 @ North Creek High School Gymnasium, building 3.</b>	
8:45AM	Arrive, check in and receive Individualized Plan Recording Book.
9:00AM	Welcome and Introductions
9:10AM	Injury Prevention Presentation
9:30AM	FMS Demonstration
9:40AM	Station 1: Over Head Squat
10:25AM	Station 2: Hurdle Step
11:20AM	Station 3: Inline Lunge
12:05PM	Station 4: Shoulder Mobility
12:50PM	Station 5: Trunk Stability Push Up
1:35PM	Presenters Available for Questioning

<b>April 4<sup>th</sup> 2020 @ North Creek High School Gymnasium, building 3.</b>	
9:00AM	Welcome and Introductions
9:10AM	Video Breakdown of Simple-Complex Movements
9:30AM	Restorative Breathing Institute
10:10AM	<b>Station 1: Over Head Squat</b>
10:40AM	<b>Station 2: Hurdle Step</b>
11:10AM	<b>Station 3: Inline Lunge</b>
12:20PM	<b>Station 4: Shoulder Mobility</b>
12:50PM	<b>Station 5: Trunk Stability Push Up</b>
1:30PM	Presenters Available for Questioning

**Returning Participants will be reevaluated and receive the next corrective exercise for their improvement plan.**

This clinic will reach full enrollment at 150 participants. Enrollment is open to North Creek Students ONLY until 3/4/20. Starting 3/5/20, seats are available on a 1<sup>st</sup> come basis to family and friends outside of North Creek High School. Submit payment and [signed waiver](#) to the North Creek Book-keepers office in Building 1.

**NORTHSHORE SCHOOL DISTRICT  
CONSENT AND RELEASE OF LIABILITY**

Activity \_\_\_\_\_

Purpose \_\_\_\_\_

Location \_\_\_\_\_

Date/Time \_\_\_\_\_

Advisor \_\_\_\_\_ Contact Info \_\_\_\_\_

Although Northshore School District attempts to ensure the safety of all involved in activities at our schools, participation in this activity may have inherent risks that may result in injury. Such injuries can range from abrasions, bruises and sprains to more severe injuries such as, but not limited to, paralysis and brain injury. Careful consideration should be given to the risks and dangers associated with athletic activities before making the decision to participate.

Northshore School District is neither responsible nor liable for accidents, injuries or medical expenses that may occur due to participation in this activity.

- Northshore School District does not provide accidental medical insurance coverage for this activity and its participants.
- In the event it becomes necessary for school district staff to obtain emergency care for a participant, 911 may be called.
- Participants and their families are responsible for all expenses incurred because of an accident, injury, illness or unforeseen circumstance that may arise due to participation in this activity.

Parent/Guardian Acknowledgement: I acknowledge that I have read and understand the above information and grant permission for my child's participation in this event. I agree to hold and save harmless the Northshore School District, its school board, employees and assigns for any claims, suite or damages (including but not limited to defense and indemnification) which might result from my participation or my child's participation in any fashion in the above-described event.

- My child has no known medical or physical condition which could interfere with his/her safety in this activity.
- My child has a medical or physical condition that the school should be aware of, see Health Alert attached.

Participant Name \_\_\_\_\_ Grade \_\_\_\_\_

School Student Attends \_\_\_\_\_

Parent/Guardian Name (print) \_\_\_\_\_

In case of emergency, best phone number to reach me at \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_