

Parent/Guardian:

Name: _____

Home: _____

Cell: _____

Work: _____

Emergency Contact Name & Phone

I certify that _____
has my permission to participate in the Stafford
Summer Sports Training Program. I further certify
that the above student/player has medical insurance
in case of an emergency. I authorize the camp staff
to act for me according to their best judgment in any
emergency requiring medical attention. I release
and hold harmless all camp staff from and against
any liability or injury sustained, damage to or loss of
personal property arising directly or indirectly while
enrolled in this camp at Stafford High School.

Parent/Guardian Signature

Stafford Spartan Summer



2020 Strength & Conditioning

Camp

June 8th-July 17th
8:00-2:00

Parent/Guardian Student Enrollment and Release

SMSD offers student athletes the opportunity to participate in voluntary summer strength and conditioning sessions and sport-specific skill instruction. All activities will be conducted in accordance with applicable rules and regulations, including guidance from the University Interscholastic League (UIL). **Cost to attend: \$ 25.00, 2nd Child \$ 15.00**

Student Name: _____ DOB: _____

Address: _____ Cell #: _____

Parent/Guardian Name: _____ Cell #: _____

Campus: _____ 20/21 Grade: _____

Sport(s): _____

Student will attend: _____ Strength and Conditioning _____ Sport-Specific Skill Instruction
(Initial all that apply)

SMSD Athletic staff will conduct the sessions. All reasonable health and safety precautions will be observed. No student will knowingly be allowed to engage in any unauthorized activity. Despite such precautions, accidents or injuries sometimes occur. If your student sustains an illness or injury and requires immediate care and treatment, your signature below requests, authorizes, and consents to such care and treatment as may be given to the student by any physician, athletic trainer, nurse, or school representative.

Authorization and Release. Your signature below confirms your authorization for your student to attend the SMSD voluntary Summer Strength and Conditioning and Sport-Specific Skill Instruction. In consideration for SMSD allowing your student to participate in the voluntary Summer Strength and Conditioning and Sport-Specific Skill Instruction, you, on behalf of you and your minor student and family members hereby release and hold harmless the Stafford Municipal School District its employees, agents, trustees, and representatives for any accident, injury, or any other damage, claim (including negligence), or loss your student may sustain as a result of his/her participation in the voluntary Summer Strength and Conditioning and Sport-Specific Skill Instruction.

Certification

Initial

_____ I certify that my student (named above) is physically fit to participate in strength and conditioning and sport-specific skill instruction and I understand that my student must have a pre-participation physical examination, signed by a health care provider, on file as a condition of participation.

_____ I am aware of no physical impairments that would interfere with my student's participation in the strength and conditioning and sport-specific skill instruction. I have described below any health information that may be pertinent to my student's participation. _____

Parent/Guardian Signature

Signature

Printed Name

Date Signed

SUMMER STRENGTH & CONDITIONING

DAILY SCHEDULE

Step One

Before leaving home, take a self-assessment. If you answer **"YES"** to any of the questions **"PLEASE STAY AT HOME"** Contact Coach Savannah or the High School Trainer (Bobby Oakley).

Step Two

Proceed to the school's Athletic Facility for your scheduled workout time assigned by Coach Silva.

Step Three

Use the single Point of Entry. All Athletes should enter through the Competition Gym foyer. Please wear a mask, and complete Check-in Screening.

Step Four

Follow the pathway to your workout station. **"NO WANDERING THROUGH BUILDING"**. If you are coming up for treatment, then go directly to the Training Room.

Step Five

Pick up gloves, mask and any gear that has been sanitized.

Step Six

Use the single Point of Exit. Once you have completed your workout, then leave at the Exit point. There will be no **Loitering in the Facility**, parking lot, or weight rooms. **Once you are finished please leave the school.**