



# Xavier Strength & Conditioning Club

## SPORTS MEDICINE

Wisconsin

**Who:** Current and future Hawks entering grades 5<sup>th</sup> – 12<sup>th</sup>  
**What:** Age appropriate strength and conditioning  
**Why:** Decrease injuries, increase performance, develop character  
**Where:** Xavier High School (gym, fitness center, and track)  
**When:** Mondays – Thursdays

**Times:** June 14<sup>th</sup> - July 20<sup>th</sup>

**Boys - High School:** 6:30 am – 8:00 am  
**Girls - All grades:** 8:00 am – 9:30 am  
**Boys - Middle School:** 9:30 am – 11:00 am

\*Closed July 5th in observation of Independence day.

July 21<sup>st</sup> - August 12<sup>th</sup>

**Girls - All grades:** 8:00 am – 9:30 am  
**Boys - All grades:** 9:30 am – 11:00 pm

X-FACTOR PERFORMANCE TESTING

**High School Boys:** July 14<sup>th</sup>, 15<sup>th</sup>, 19<sup>th</sup>, 20<sup>th</sup>  
**All Girls and MS Boys:** August 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup>, 12<sup>th</sup>

School Year Session

**Co-ed All Grades:** 3:00pm – 4:30 pm

**Cost:** \$100 High School Full Year Membership  
 \$50 Middle School Full Year Membership  
 Make checks payable to: Xavier Catholic Schools

\* Full year membership covers 200+ sessions from June to June

**Bring:** Yoga mat on Thursdays  
 Water bottle  
 Mask

Mail or drop off to: S&C Xavier High School

Name: \_\_\_\_\_ Grade for 21-22 \_\_\_\_\_ Sex: \_\_\_\_\_

T-shirt size (circle one) Adult: S M L XL 2XL

I \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_, do hereby acknowledge and state that the said student is presently under my care, custody, and control, and that I possess the authority to grant the permission and authorization stated herein, and the student has no conditions which would prohibit or restrict his/her participation in the 2021 Xavier Strength & Conditioning Club. I authorize any representative of Xavier to locate qualified and licensed medical personnel and/or transport said student to an appropriate medical facility in the event it becomes necessary. I understand that I will be notified as soon as possible in the event of an emergency. My insurance company and I will assume all expenses of such treatment.

Parent Signature \_\_\_\_\_