



Xavier Strength & Conditioning Club

SPORTS MEDICINE

Wisconsin

Who: Current and future Hawks entering grades 5th – 12th
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 13 - July 21

Boys - High School:	6:30 am – 8:00 am	*Closed July 4th & 5th for Independence day.
Girls - All grades:	8:00 am – 9:30 am	
Boys - Middle School:	9:30 am – 11:00 am	

July 25 - August 11

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 18 th , 19 th , 20 th , 21 st	*At your regular session times.
All Girls and MS Boys:	August 8 th , 9 th , 10 th , 11 th	

School Year Session

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

Cost: \$125 High School Full Year Membership * Full year membership covers 200+ sessions from June to June
 \$55 Middle School Full Year Membership
 Make checks payable to: Xavier Catholic Schools

Bring: Yoga mat on Thursdays (high school boys and all girls sessions only)

Register online on the Xavier website or complete the below form. Mail or drop off the form to either the XMS or XHS with the attention to S&C Xavier High School. XCSSClub22.GiveSmart.com

Name: _____ Grade for 22-23 _____ 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 2022 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 _____