

Trojan Speed & Agility Camp

Summer 2024

1. This 6-week program is available to Andover Middle School male and female athlete's grades 6th- 8th for the upcoming school year. No previous experience in sports required!
2. The **Trojan Speed & Agility Camp** will provide small group training for student athletes of all sports.
3. Benefits of this camp include: increased speed, agility, quickness, coordination, reaction, core strength, and mental toughness. All of which help athletes perform at the highest level.
4. This Speed & Agility Camp is offered to student athletes with a wide variety of current skill/ability levels. Despite these current skill/ability levels all athletes are expected to commit to a consistent work ethic. Personal success and improvement is our goal!

CAMP WILL BE OPEN 3 DAYS A WEEK (Monday, Tuesday, Thursday)

Session 1: 9:30-10:30am

Session 2: 10:30- 11:30am

****Sessions will have a limited capacity on a first come, first serve basis.**

DATES: Monday June 3, 2024 - Thursday July 26, 2024 (6 weeks)

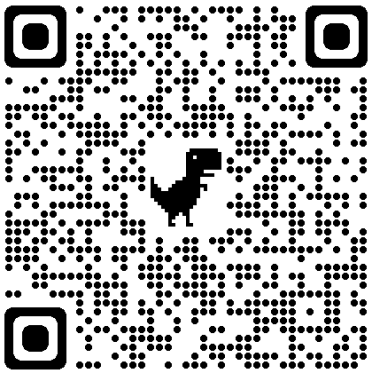
**** No camp the weeks of July 1st--July 5th (KSHSAA) and July 8th-11th (AHS/AMS Football Camp).**

COST: \$60.00 (Venmo: @Dustin-Murray-24) or make checks payable to: Dustin Murray)

PLACE: Andover Middle School Gym

SUPERVISOR: Dustin Murray - Contact at: murrayd@usd385.org

REGISTRATION: Online Registration: Scan the following QR code and sign up for the remind alerts



Remind Communication Codes:

Text @72d8g48
to 81010

Or send back portion to:

Andover Middle School, Attn: Dustin Murray 1628 N. Andover Rd. Andover, KS 67002

Please complete and return this portion, with the appropriate fee of \$60 to Coach Murray.

Please Print

Athlete's Name: _____ Grade 2024-2025: _____

Parent/Guardian's Name(s): _____

Parent Email Address: _____

Home/Cell(s) #: _____

Training Session Desired: 1st choice _____ 2nd choice: _____

Athlete's shirt size: (circle one) YL AS AM AL AXL

I give permission for _____ to participate in the program and understand that USD385 and any employee/staff will not be held responsible for any injury or harm that may happen while participating in this program.

Signature of Parent or Guardian: _____

Please select payment type: Check _____ Venmo _____