

SUM 2025 - Youth Strength and Speed Camp

WHO: This camp is designed for any youth athletes entering grades 5-8 in the upcoming school year. Participants do not need to be tied to a specific sport in order to join!

WHEN:

Wk1	Tues, May 27th	Wed, May 28th	Thur, May 29th	Fri, May 30th
Wk2	Mon, June 2nd	Tues, June 3rd	Wed, June 4th	Thur, June 5th
Wk3	Mon, June 9th	Tues, June 10th	Wed, June 11th	Thur, June 12th
Wk4	Mon, June 16th	Tues, June 17th	Wed, June 18th	Thur, June 19th
Wk5	Mon, June 23rd	Tues, June 24th	Wed, June 25th	Thur, June 26th

WHERE: Sandra Day O'Connor Weight Room/Turf Field

TIME: 8:30 - 10:00 am

COST: \$200 (Only \$10 a session!!!)

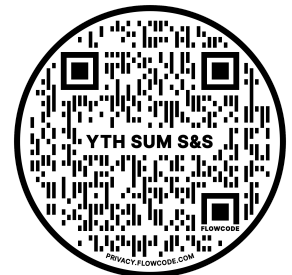
HOW: Cash, Check, or Credit Card at the Sandra Day O'Connor Bookstore

WHY: Participants will benefit from the direct instruction of a Certified Strength and Conditioning Specialist. After completing the 5 week progression, athletes will see improve in the following areas:

Olympic Lifting Technique, Strength & Power, Jumping & Landing Mechanics, Acceleration/Max Velocity, Change of Direction & Quickness, Ankle/Knee/Shoulder Mobility, and much more!

NOTE: All participants MUST have a signed DVUSD Camp Waiver. The waiver can be found attached to this document and turned in on the 1st day of camp. **Scan the code to get signed up!**

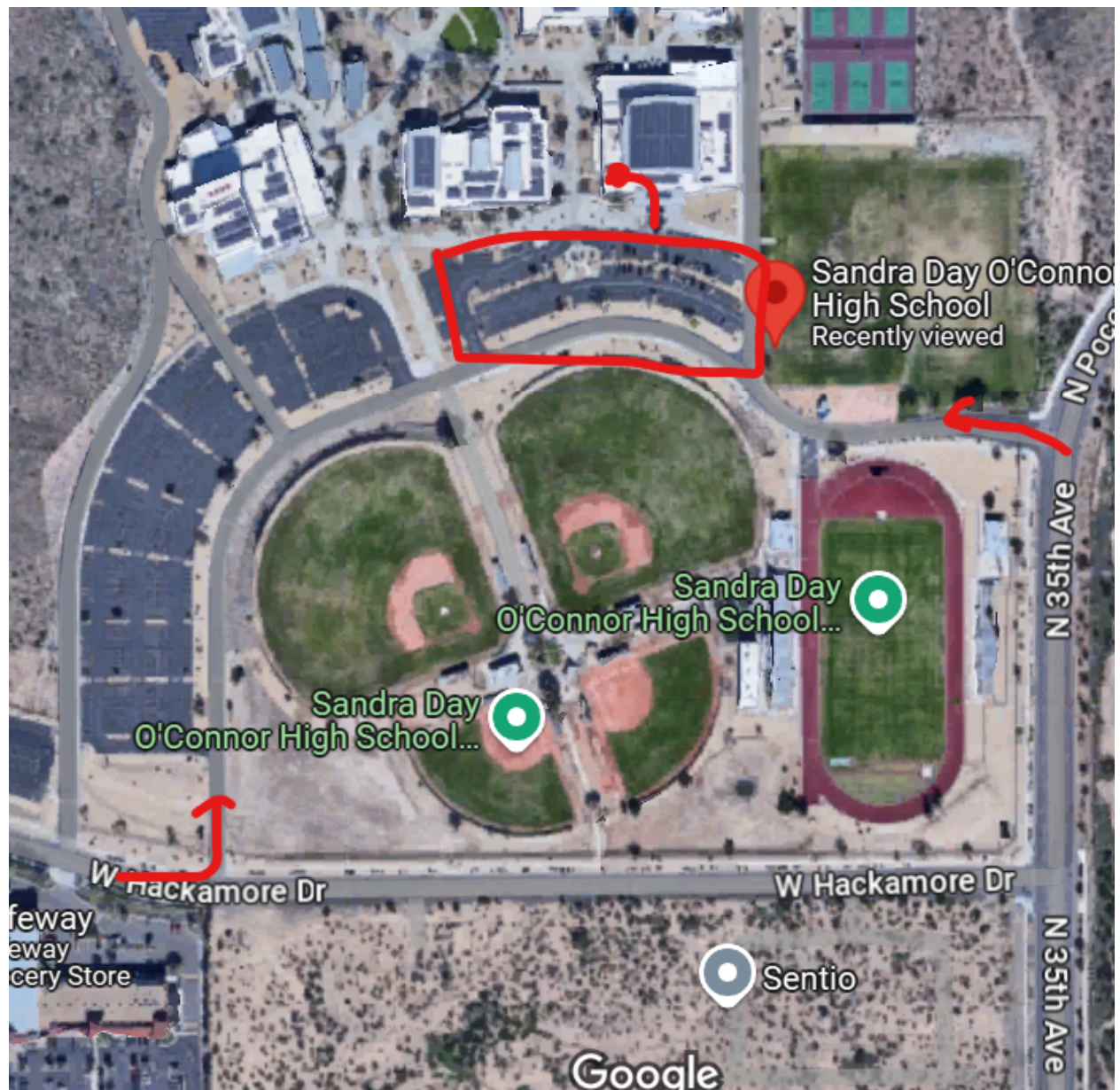
oc_football   O'Connor Football 



If you have any questions relating to the camp, please contact Varsity Head Football Coach Ben Kullos at coachkullos@gmail.com

Directions

1. Enter off of 35th ave or Hackamore Dr
2. Walk through the parking lot to the pin
3. Please stop by the check-in table next to the gate before your athlete enters the field
4. Families are welcome to stay and watch camp. Note: there will be no bleachers on the practice fields





DEER VALLEY
Unified School District

District Office

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Curtis Finch, PhD

Governing Board
Steve Bottfeld
Paul A. Carver Jr.
Kimberly K. Fisher
Dr. Karen C. Pack
Stephanie Simacek

DVUSD Athletics Off Season Practices, Camps & Clinics Waiver Form

Date: _____ School: _____

Student Name: _____

Activity: _____

By my signature below, I, as parent or legal guardian of the student named above ("the Student"), am confirming that I understand and agree to the following terms of participation for the Student to attend all DVUSD Athletics Off Season Practices, Camps and Clinics ("Clinic") and participate in the activity ("the Activity") noted above.

Parent's Informed Consent/Release and Discharge of Liability

- I am providing my informed consent for the Student to participate in the Clinic and the Activity.
- I have been informed of the nature of the activities to be conducted and am aware of the hazards and risks that may be associated with the Student's participation in the Clinic and Activity, including potential risks of bodily injury, death or damage to property which may occur from known or unknown causes. I have been made aware of the hazards associated with athletic activities and nonetheless am providing my permission for the Student to participate in the Activity. **I agree to accept these risks as a condition of my child's participation in this program.**
- I hereby release and discharge employees, agents, instructors, coaches, volunteers and directors of the Clinic from any and all liability, claims, or causes of action resulting in any kind of damages, illnesses, injuries, to the Student in any way relating to or arising out of the Clinic or Activity, or in any way related to its premises, including travel to and from the location of the Clinic or Activity. I have had sufficient time to review and seek explanation of the provision contained herein, have carefully read them, understand them fully and agree to be bound by them.

Parent's Consent for Emergency Care for Student and Responsibility for Costs of Care

- I authorize District personnel, Clinic personnel, emergency medical providers, licensed health care providers, medical doctors and hospital personnel to obtain and/or provide emergency medical aid, treatment, or care to the Student in the event the Student is injured or ill while participating in the Clinic or Activity.

I understand and agree that I am responsible for payment of any and all costs incurred for the emergency care and treatment of the Student. Payment of health care expenses is not a District responsibility.

Parent Print Name: _____

Parent Signature: _____

Graduating lifelong learners who will successfully lead, compete, and positively impact the world.