

Broomfield High School Strength and Conditioning Summer 2025

The mission of the Broomfield Strength & Conditioning program is to provide the student-athlete with the ability to perform at the highest level possible for his or her sport(s) during their high school career. This will be accomplished by helping the athlete be at his or her best physically and mentally so they can be as competitive as possible. Strength training, cardiovascular endurance, speed training, flexibility and agility along with nutritional consultation are our focus. All the aspects put together will help the athlete perform at a higher level and help in preventing injuries so that they can be competitive in their sport(s). The Broomfield Strength & Conditioning programs goal is to ensure that the benefits that they gain from the program are life long. Our hope is that every athlete that passes through our program, gains the knowledge of a good and healthy lifestyle to help them become better students, athletes, and members of society.

The cost of the program will be \$75 for the entire summer for all participants. Payments are accepted online with RevTrack on the BRH Athletics Store or checks made out to Broomfield High School. You may access this by going to the Fees tab at <https://brh.bvdsd.org>. Click on the Athletics Store then Summer Strength & Conditioning. Print off a copy of receipt and bring it into the main office along with the required forms prior to participation. **A physical is NOT required for participation in the summer program. DO NOT bring a copy of your physical.**

Included in the cost (non-refundable) -

1. Eagle Power T-Shirt for athlete's that have 75% attendance for the summer
2. Use of the weight room during Strength & Conditioning hours.
3. Instruction and motivation from qualified coaches who are directly involved with BrHS athletics.

Staff

Jim Zechmann
Co-Director of Strength and Conditioning
NSCA CSCCa USAW-1 MA,MS
Assistant Football/Head Wrestling Coach

Robert O'Brien
Head Football Coach
Co-Director of Strength and Conditioning

Emily Van Patten
PE Teacher/Yoga Instructor/Flexibility Director

June 9th- July 31st, 2025

Session 1– 6:45 AM-9:00 AM (Football All Levels)

Session 2– 8:30 AM-10:00 AM (Cheer/Cross Country)

Session 3- 10:00 AM-11:00 AM (Boys & Girls Basketball, Volleyball, Soccer)

Session 4– 10:30 AM-11:30 AM (All other athletes)

*All sessions are weekly Monday-Thursday. If a time conflict arises please contact Coach Zechmann at james.zechmann@bvdsd.org.

Parent / Guardian Consent:

It is with my consent that my son / daughter, _____
(Print full name of student)

participates in the BrHS Summer Strength and Conditioning program conducted by Broomfield High School. **By its nature, participation in off season conditioning/camps/clinics includes a risk of injury, this may range in severity from minor to long-term catastrophic.** Although serious injuries are not common in supervised sports activities, it is impossible to eliminate this risk. Participants can and have the responsibility to help reduce the chance of injury. Players must (1) obey all safety rules, (2) REPORT ALL PHYSICAL CONCERNS TO THEIR COACHES, and (3) inspect their equipment daily.

By signing this Permission Form, we acknowledge that we have read and understand this warning. PARENTS AND/OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.

Parent/Guardian Name (please print): _____

Signature of Parent/Guardian: _____ Date: _____

Student Information:

Home phone # _____ Cell # _____

Email Address _____

T-shirt size _____

Student grade for the 2025/2026 School Year (9-12) _____

Anticipated sports participating in: Fall _____ Winter _____ Spring _____

Session Athlete will be attending: _____

Emergency contact name: _____ Emergency phone number _____

Off Season Athletic/Activity Insurance Waiver

I understand that the Boulder Valley School District does not provide accident insurance for any student participating in summer camps of any other school activity

Check One:

_____ I have insurance coverage

_____ I do not have insurance and I will assume responsibility for payment of expenses incurred in the event of injury to my son/daughter.

Parent/Guardian Name (please print): _____

Signature of Parent/Guardian: _____ Date: _____

Off Season Activity Emergency Information

All information is required prior to participation

Student Name: _____ Gender: (M or F)
Address: _____ City: _____ Zip: _____
Parent/Guardian (P/G) Name(s): _____
Home Phone: _____ Student's D.O.B.: _____ Student's Age: _____
P/G #1 Phone (Day): _____
P/G #1 Cell: _____
P/G #2 Phone (Day): _____
P/G #2 Cell: _____
School Currently Attending: _____ Grade: _____
Name of Insurance Company: _____ Group/ID#: _____

List two **LOCAL** people who will temporarily care for your student if you cannot be reached:

During the Day

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____

During the Evening

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____

Family Doctor: _____ Phone: _____

Address: _____ City: _____

Family Dentist: _____ Phone: _____

Address: _____ City: _____

HEALTH INFORMATION: List any significant or ongoing health conditions relevant to school or athletics (severe allergies / epi-pen, asthma, A.D.D., birth defect, diabetes, epilepsy, heart disease, vision or hearing problem, medications, etc.) I hereby give my consent for medical treatment deemed necessary by physicians for any illness or injury resulting from his/her athletic participation. I understand this authorization will only be enforced when I cannot personally be contacted and provide for immediate treatment. **PLEASE LIST IN THIS SPACE**

Parent/Guardian Name (please print): _____

Signature of Parent/Guardian: _____ Date: _____