

# Spartan Training for Middle School Athletes

March 10, 2026

Dear Parents:

We again will be offering Spartan Training this summer for Middle School Athletes. This program will focus on Speed, Conditioning, Plyometric, Agility, and Functional Strength Training. Athletes will be taught proper training techniques and injury prevention in a well-supervised environment. This will be our 20th year of offering the training and every year has gotten a little bigger so don't miss this opportunity to sign up now. Space will be limited. The sessions will be three days a week (Monday, Tuesday, and Thursday) with starting times at 9:00 AM, 10:00 AM, 11:00 AM, and 12:00 PM **\*\* (see note below regarding the 12:00 session)**, beginning Tuesday, June 2nd and running through July 23rd. Cost for the summer will be \$120 for early registration and \$130 after May 1st. Please detach and return the registration form below to Tyler Woeste, 1218 Simle Drive, Bismarck, ND 58501. Please make checks payable to **Tyler Woeste**. For more information contact Tyler Woeste at 323-4600 or by email: [tyler\\_woeste@bismarckschools.org](mailto:tyler_woeste@bismarckschools.org).

Sessions will fill up fast so get ahead of the competition! REMEMBER, IT IS ON A FIRST COME FIRST SERVE BASIS.

**\*\*12:00 session will be offered from June 2<sup>nd</sup>-June 25<sup>th</sup>. Beginning June 29<sup>th</sup>, any athlete registered for the 12:00 session will have their choice of attending the 9:00, 10:00, or 11:00 sessions for the remainder of the program.\*\***

Sincerely,

Tyler Woeste  
Summer Athlete Training Instructor/Simle Middle School AD

-----

Athlete \_\_\_\_\_ Grade as of fall 2026 \_\_\_\_\_

Address \_\_\_\_\_ Gender M \_\_\_ F \_\_\_

E-mail \_\_\_\_\_ Time Preference 1 \_\_\_\_\_ 2 \_\_\_\_\_

Parent/Guardian (1) \_\_\_\_\_ Shirt Size (Youth or Adult) \_\_\_\_\_

Cell Phone (1) \_\_\_\_\_ Work Phone (1) \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ # \_\_\_\_\_

I CERTIFY that my child/participant is physically able to participate in all training activities. I understand that every effort is made to protect the health and safety of the student that the school assumes no responsibility for accidents or illness. I agree to all of the conditions stated above.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

.....

