

JUNE 2026 - Youth Strength and Speed Camp

WHO: This camp is designed for any youth athletes entering grades 5-8 in the upcoming school year. Open to all athletes entering grades 5–8. No prior experience or sport affiliation required.

WHEN:

Wk1	Tues, May 26th	Wed, May 27th	Thur, May 28th	Fri, May 29th
Wk2	Mon, June 1st	Tues, June 2nd	Wed, June 3rd	Thur, June 4th
Wk3	Mon, June 8th	Tues, June 9th	Wed, June 10th	Thur, June 11th
Wk4	Mon, June 15th	Tues, June 16th	Wed, June 17th	Thur, June 18th
Wk5	Mon, June 22nd	Tues, June 23rd	Wed, June 24th	Thur, June 25th

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

TIME: 8:30 - 10:00 am (See full Schedule on backside of page)

COST: \$300 (Space is limited, payment secures your spot for camp)

HOW: Zelle or Cash (payable to OC Booster Club)

Please include your athlete's name and grade level in the memo/email



Zelle

treasurer3.ocfootball@gmail.com

WHY: Led by Certified Strength & Conditioning Specialists, athletes will improve strength, speed, coordination, and movement mechanics.

Each participant receives a full athletic profile breakdown.

NOTE: All participants MUST have a signed DVUSD Camp Waiver. **Scan the code to get signed up!**



oc_football



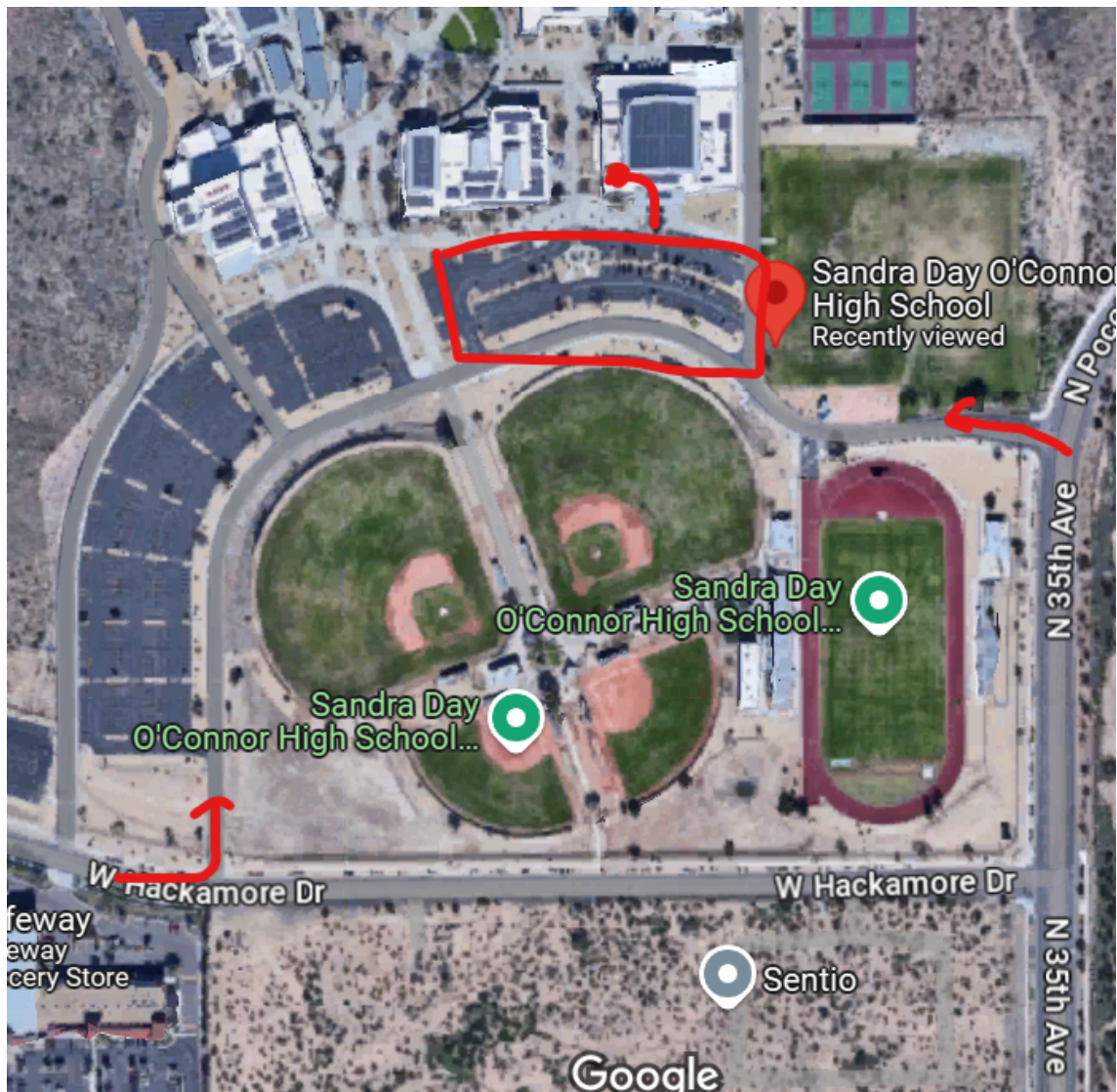
O'Connor Football



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 35th Ave or Hackamore Dr
2. Park wherever you can find space in the main lots
3. The Red Line takes you to the Weight Room.
4. **Everyone meets in the weight room the first day of camp**



Daily Schedule

8:30am - STRENGTH SESSION in Weight Room (Attendance/Warm-up)

9:15am - Transition time

9:20am - SPEED SESSION on Field/Gym (Weather permitting)

10:00am - Athletes will be ready for pickup at the SDOHS letters



DEER VALLEY
Unified School District

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Superintendent
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.