Release of Liability / Medical Consent

I, undersigned parent / guardian for

_____,

do hereby authorize the staff to act on my behalf according to their best judgement in an emergency requiring medical attention. I also release the School District 750 and program staff from any and all liability for injuries incurred while participating in the 2026 Spartan SSA program.

I certify that to the best of my knowledge; the child is in good physical condition and has no disease or injury that would impair his/her ability to participate in the summer camp.

_____
Insurance Carrier

_____
Policy Number

_____
Parent Signature

Summer Strength Coaches

Jake Zauhar **Head Strength Coach**
MS Football

Lifting Focus…Form and Technique

Athletes in grades 6-8 will be focusing on form and technique of the lifts. Attention will be given to proper movement using different weighted bars with and without added weight.

This program is designed to help each athlete become a stronger, faster, more agile competitor in each of his/her sports. We will focus on weightlifting, plyometrics, and core strength to achieve these goals.

2026 RMS Spartan



SSA (Strength, Speed, Agility) Program

June 1 – July 29
Registration due May 22

Eligibility

All students entering 6th grade through 8th grade.

Dates & Times

June 1st – July 29th
NO lifting June 19th
NO lifting 7/6 through 7/10

6 - 8 Grade Boys
Monday / Wednesday
10:30 am – 12:00 p.m.
RHS Weight Room

6 - 8 Grade Girls
Tuesday / Thursday
10:30 am – 12:00 p.m.
RHS Weight Room

Fees

6-8 Grade Boys: $55

6-8 Grade Girls: $55

Each athlete is only being charged about $3.44 per session to train in this 8-week program!

RHS Weight Room

Directions
Park/drop off in the lot in back of RHS. Come through main door and take left up the stairs to the high school weight room.

Donations

If you are interested in donating money toward new equipment for the weight room, please indicate in "Wt. Room Donation" section.

Registration

Name _____

Gender M F

Grade in Sept. 2026 _____

Address_____

City _____

Phone _____

Emergency Contact / Phone Number

_____

_____

Mail / drop off checks payable to:
Rocori High Activities Office
c/o Rocori Weight Room
534 5th Ave N
Cold Spring, MN 56320

Camp Fee* $55

Wt. Room Donation $_____
Money used for new weight room equipment

Amount Paid $_____

*Money non-refundable after start of program.