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 Coach

Jake Zauhar **Head Strength Coach**

Alex Larson **CSCS Strength Coach**

Summer Spartan Challenge

Athletes will have an opportunity to letter in Strength Training by showing improvement throughout their program, attending 80% of lifting sessions, and competing in the Spartan Challenge lifting competition on 7/31.

2026 RHS Spartan



SSA (Strength, Speed, Agility) Program

June 1st – July 31st

Registration due May 22

Eligibility

All enrolled RHS students through 12th grade.

Dates & Times

May 26th – 28th Max Outs TBD
June 1st – July 30th
NO lifting June 19th
NO lifting 7/6 through 7/10

11-12 Grade Boys
Mon / Tues / Wed / Thurs
7:00 – 8:30 a.m.
RHS weight room

9-10 Grade Boys
Mon / Tues / Wed / Thurs
8:00 – 9:30 a.m.
RHS weight room

9-12 Grade Girls
Mon / Tues / Wed / Thurs
9:00 – 10:30 a.m.
RHS weight room

Fees

9-12 Grade Boys: $90

9-12 Grade Girls: $90

Each athlete is only being charged about $2.81 per session to train in this 8-week program - plus you get a t-shirt

SSA Program

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, speed training, and core strength to achieve these goals.

Donations

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

Registration

Name _____

Grade in 9/26 _____ **Gender M F**

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* **$90**

Shirt Size **XS S M L XL 2XL 3XL**

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

Amount Paid **$**_____

*Money non-refundable after start of program.