Athlete's Name: _____
Address: _____
City: _____
State/Zip: _____
School: _____
Phone: _____
Grade Level in Fall 2018: _____
Shirt Size: (Circle One) Small, Medium, Large, XL, XXL, XXXL
Short Size: (Circle One) Small, Medium, Large, XL, XXL, XXXL

"Success isn't always about 'Greatness', it's about consistency. Consistent, hard work gains success. Greatness will come. Success isn't overnight. It's when everyday you get a little better than the day before. It all adds up" - Dwayne "The Rock" Johnson

HORSEHEADS
VARSITY
"H"

Summer Strength, Speed & Conditioning Camp
June 25th—August 3rd, 2018
Monday—Friday
8:00 am—11:00 am
(JV & Varsity Athletes)

CAMP INFO

Camp Dates: June 25th—August 3rd, 2018

Days & Times:

Mondays Thru Friday

8:00 am —11 am

Location: Horseheads High School Weight Room and Athletic Complex

Equipment Needed: Shorts, T-shirt, athletic socks, cleats & sneakers

CAMP FEES

Registration:

- $150 for entire summer (include T shirt & shorts) or $30 per week

Make Check Payable to "Varsity H"

***BRING CHECK ON FIRST DAY**

Mail or bring to registration to:

Athletic Department
Attention Strength & Speed Camp
Horseheads Central Schools
1 Raider Lane
Horseheads, NY 14845

CAMP INSTRUCTOR

Kevin Hillman

Varsity Football Head Coach & Track Coach;

Adam McDermott

Varsity Track & Cross Country Coach

CAMP GOAL

The goal of this camp is to develop speed, agility, flexibility, and strength to compete at the high school level. The training program is an overall athletic based training program that will benefit athletes of any sport. Specific sport modification may be made depending on the athlete.

DAILY SCHEDULE

Monday: Strength Training & SPAC
Tuesday: Strength Training & Aerobic Conditioning
Wednesday: SPAC
Thursday: Strength Training & Aerobic Conditioning
Friday: Strength Training & SPAC

(SPAC—Speed, Plyometrics, Agility & Conditioning)

We the undersigned parents or guardians of _____, a minor, do hereby authorize the directors of the Horseheads Varsity "H" Football Conditioning Camp, or their designee, to select hospital facilities and/or a physician of their choice and authorize treatment of the above named camper on an emergency basis in the event treatment becomes necessary during this sports camp. We hereby grant permission to participate in the camp program, and acknowledge that the camper named is physically fit to participate in ALL camp activities. The athlete will obey all school district rules and regulations or be subject to dismissal from the program and be sent home immediately. The signature of the parent or guardian acknowledge their willingness to enroll the child in the Horseheads Varsity "H" Club Summer Sports Camp Program under the circumstances stated above. The signature of the parent or guardian relieves the Horseheads Varsity "H" Club, the Horseheads Central School District, and their delegated representatives from any all financial responsibilities.

Parent/Guardian: _____ PLEASE PRINT

Signature: _____

Date Signed: _____ Home Phone: _____ Work Phone: _____

Physician (optional): _____ Emergency Contact: _____