



Summer Strength and Conditioning Camp

June 3-July 25, 2024-Champion

Dates:

Week 1.....June 3-6 **Week 2**.....June 10-13
Week 3.....June 17-20 **Week 4**.....June 24-27
Week 5.....July 8-11 **Week 6**.....July 15-18
Week 7.....July 22-25

Times:

10th-12th Boys & Girls.....8:00 a.m.— 9:30 a.m.
7th-9th Boys & Girls10:00 a.m.—11:30 a.m.

Cost: \$200 per participant (**non-refundable after June 10th**);
 Cost covers all seven weeks.

(Multiple participants from the same household. First child is \$200, and each additional child is \$100)

What? Workout attire, tennis shoes, cleats (optional), water bottle.

Who? Fall 2024 athletes in 7th-12th grade who will be attending Voss MS, MSS, and CHS.

How to Sign Up:

Google Form:



How to Pay:

Electronically:



Questions? Contact by email:

Coach Ford

Richard.Ford@boerneisd.net

Please sign up through the QR link above

If you are unable to complete the sign up electronically please complete the form below.



**BOERNE INDEPENDENT SCHOOL DISTRICT
Summer Strength & Conditioning**

Parent/Guardian Student Enrollment and Release

BISD offers student athletes the opportunity to participate in voluntary summer strength and conditioning sessions. All activities will be conducted in accordance with applicable rules and regulations, including guidance from the University Interscholastic League (UIL). No student is required or expected to attend.

Student Name: _____ DOB: _____

Address: _____ Cell #: _____

Parent/Guardian Name: _____ Cell #: _____

Campus: _____ 20/21 Grade: _____

Sport(s): _____

BISD Athletic staff will conduct the sessions. All reasonable health and safety precautions will be observed. No student will knowingly be allowed to engage in any unauthorized activity. Despite such precautions, accidents or injuries sometimes occur. If your student sustains an illness or injury and requires immediate care and treatment, your signature below requests, authorizes, and consents to such care and treatment as may be given to the student by any physician, athletic trainer, nurse, or school representative.

Authorization and Release. Your signature below confirms your authorization for your student to attend the BISD voluntary Summer Strength and Conditioning. In consideration for BISD allowing your student to participate in the voluntary Summer Strength and Conditioning, you, on behalf of you and your minor student and family members hereby release and hold harmless the Boerne Independent School District its employees, agents, trustees, and representatives for any accident, injury, or any other damage, claim (including negligence), or loss your student may sustain as a result of his/her participation in the voluntary Summer Strength and Conditioning.

Certification

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_____ I certify that my student (named above) is physically fit to participate in strength and conditioning and I understand that my student must have a pre-participation physical examination, signed by a health care provider, on file as a condition of participation.

_____ I am aware of no physical impairments that would interfere with my student's participation in the strength and conditioning. I have described below any health information that may be pertinent to my student's participation. _____

Parent/Guardian Signature

Signature

Printed Name

Date Signed