

# Lawrence High School

## Summer 2020 Strength and Conditioning

**Monday, June 15th - Thursday, July 2**

MONDAY-FRIDAY

7:00am - 8:00am - 9:00am (ALL ATHLETES – Pick a Session)

**Wednesday July 8<sup>th</sup> - August 14<sup>th</sup>**

MONDAY - FRIDAY

6:00am – 7:45am – (JR/SR MALE ATHLETES ONLY)

8:00am – 9:15 am – (FR/SO MALE ATHLETES ONLY)

9:30am – 10:30am – (FEMALE ATHLETES ONLY)

**COST OF SESSION:** \$50 per participant

(cash - exact change or make checks payable to: LHS)

### Program INFO

- Open to LHS Athletes ONLY
- All Outdoors
- Current Physical Distancing Protocol Enforced
- Daily Sign-In REQUIRED
- Student MUST provide own water
- Students will NOT have access to facilities, locker-room, or restrooms

**PLEASE INDICATE THE SESSION(S) YOU WILL ATTEND:**

June 15 - July 2 \_\_\_\_\_

July 8 - August 2 6:00am (males) \_\_\_\_\_

July 8 - August 2 8:00am (males) \_\_\_\_\_

July 8 - August 2 9:30am (females) \_\_\_\_\_

### QUESTIONS?

Coach Steve Rampy – [stephen.rampy@usd497.org](mailto:stephen.rampy@usd497.org)

Coach Jamie Resseguie - [jressegu@usd497.org](mailto:jressegu@usd497.org)

### Permission to Participate, Release and Waiver of Liability

The parent/guardian of the participant of this camp hereby grants permission for his/her child(ren) to participate in the **SUMMER STRENGTH & CONDITIONING CAMP AT LAWRENCE HIGH**. I acknowledge that there are certain dangers inherent in any athletic program and bodily injury could occur while participating in the camp. I hereby affirm my child(ren) is/are in good physical condition and do not suffer from any known disability or condition which would prevent or limit participation by my child(ren) in this camp. **If my child(ren) shows any of the following symptom I will not send my student to the Summer Strength & Conditioning Camp at Lawrence High School: Fever (with a temperature higher than 100.3), Cough, Sore Throat, Shortness of Breath, Been in Close Contact or Cared for Someone with Covid-19.**

I hereby agree to release, hold harmless and indemnify Unified School District No. 497, Douglas County, Kansas (Lawrence Public Schools) and the instructors and staff of any and all liability, claims, demands, causes of action and/or costs, including reasonable attorney's fees, due to any injury or injuries of any kind that may result from my child's/children's participation in the camp.

I agree to assume the full cost of any medical treatment my child(ren) may receive due to any injury he/she/they may incur due to participation in the camp. I also understand the camp will not provide insurance of any kind for participants in this camp.

I hereby affirm I have read and fully understand this Permission to Participate, Release and Waiver of Liability.

Parent/Guardian Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Student: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_

Date: \_\_\_\_\_

**Make checks payable to LAWRENCE HIGH SCHOOL**



**Bring Application & Payment to Conditioning on June 15, 2020**  
**Please Park/Drop Off in the North Lot – Enter the Stadium at the**  
**Northeast Gate – Do Not Go Into Construction Areas**