



Lawrence High School Football Summer 2021 Strength and Conditioning



DATES: Tuesday, June 1 – Friday, August 13

- June 1-4 [Tue-Fri]
- June 7-August 13 [Mon-Thu]

TIME: 7:00am – 10:00am

COST OF SESSION: \$50 per participant

- *cash/check only*
- *Exact change or make checks payable to: LHS*

QUESTIONS?

Coach Clint Bowen [clint.bowen@usd497.org]

Coach Jamie Resseguie [jressegu@usd497.org]

Program Information

- Open to 21-22 LHS Athletes Only (9-12)
- Indoors/Outdoors
- Masks Required
- Physical Distancing Protocol Followed
- Daily Sign-In **REQUIRED**
- Student **MUST** provide own water
- Students may not have access to facilities, locker-room, or restrooms

June 28-July 4

No sessions held per KSHSAA summer moratorium rules

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.

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 Name (please print) _____ Parent/Guardian Signature: _____

Address: _____

Telephone Number: _____ Email: _____

Student: _____ Grade Fall 2021: _____

Date: _____

Make checks payable to LAWRENCE HIGH SCHOOL

Bring Application & Payment to Conditioning or mail application to:

Athletic Department, Lawrence High School ~ 1901 Louisiana St. Lawrence, KS 66046

