SPRING HILL PANTHERS

SUMMER TRAINING PROGRAM

**WHO**: ALL SPRING HILL ISD STUDENT-ATHLETES ENTERING GRADES 7-12

**WHEN:** JUNE 3RD – AUGUST 1ST 2019

HIGH SCHOOL FOOTBALL – MON -THURS @ 8:00 AM.

HIGH SCHOOL NON-FOOTBALL – MON/TU/TH @ 10:00 AM

JUNIOR HIGH – MON/TU/TH @ 10:00 AM

**NO WORKOUTS ON: JULY 3RD, 4TH, 9TH, 10TH, 22ND, & 23RD**

**WHERE**: SPRING HILL HIGH SCHOOL ATHLETIC COMPLEX

COST: $50 FOR HIGH SCHOOL FOOTBALL / $25 FOR HIGH SCHOOL NON-FOOTBALL & JUNIOR HIGH

**OUR PROMISE:** This program will provide ALL student-athletes at Spring Hill with an opportunity to train with their TEAMMATES focusing on explosive, ground-based, and multi-joint movements that ensure they have a strong foundation to play at the highest level in their sports. This is a great opportunity to improve athletic ability, develop as a team, and take PRIDE in investing in yourself and more importantly your teammates. Sport specific practice will be coordinated through the Head Coach of the student-athletes sport.

Summer Training Program

Enrollment Form

STUDENT’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GRADE ENTERING 2019\_\_\_\_\_\_\_\_\_\_\_

M / F (CIRCLE ONE) ATHLETE’S PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAILING ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT: NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATIONSHIP TO STUDENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE\_(1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned parent or guardian, attest that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is to the best of my knowledge, in good physical health. (Athlete name)

I understand that there are inherent risks in any conditioning program. Therefore, I hereby voluntarily waive any claims against Spring Hill ISD, and

the staff for any personal injuries that may occur to the above athlete for the duration of the Spring Hill Summer Training Program.

Parent or Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_