

COYOTE STRENGTH CAMP 2019

The Coyote Strength Camp emphasizes the three characteristics of becoming a CHAMPION... **Character**, **Commitment**, and **Courage**. This is a great opportunity for newcomers to learn the basics of the CVHS Strength and Conditioning Program and for those already involved during the school year to continue gaining **strength**, **speed**, and **agility** during the summer. Come join the "Coyote Family" as we build our traditions! Camp runs Mondays through Thursdays, June 3rd – June 27th 2019.

Please **CIRCLE BELOW the session your child will attend:

Session 1: M-Th - 10:00am-11:00am

Incoming 9-12 Grade Boys & Girls (High School)

*CVHS Girls Basketball & other CV students-athletes

Session 2: M-Th – 11:00am-12:00pm

Incoming 5th & 6th Grade (Boys & Girls)

*(Age appropriate, strength, speed, & agility exercises)

Session 3: M-Th – 12:00pm-1:00pm

Incoming 9-12 Grade Boys & Girls (High School)

*CVHS 10-12Boys B-ball & other CV Student-athletes

Session 4: M-Th – 1:00pm-2:00pm

Incoming 7th-8th Grade (Boys & Girls) & Incoming 9th grade Boys Basketball Plyers

Location: Campo Verde HS Weight Room (CVHS West Parking Lot, NW Bldg. 4)

Coaches: Nick Cornell & CVHS coaching staff. **contact:** nick.cornell@gilbertschools.net

Cost: \$140 (cost covers instruction, camp t-shirt, insurance, and facility usage)

*Note: Part time campers welcome. Weekly fee is \$35 (for those who cannot attend all 4 weeks)

(detach and mail in registration form below / keep top portion for your records)

Please Make All Checks Payable To: COYOTE STRENGTH CAMP

Registration Deadline: Friday May 31st, 2019 (Late registration also accepted)

Student's Name _____

Circle T-Shirt Size – (adult sizes) S M L XL XXL (or Youth) YS YM YL

School student attends (2019-20) _____ Next Year Grade _____

Parent Names _____

Parent Email _____ Cell Phone _____

As a condition precedent to participating in the Coyote Strength Camp, I, as the parent/legal guardian of (name) _____ agree to maintain health insurance for my son/daughter while he/she participates in this camp. If I do not maintain health insurance for my son/daughter, I agree to purchase the student accident insurance policy offered by the camp through the school district.

Parent/Guardian Signature

Date

Return this form and check to:

**Coach Nick Cornell
Campo Verde High School
3870 S. Quartz St.
Gilbert, AZ 85297**

For office use only:

Paid in full? _____

Cash or Check

Check # _____

Rcvd Date _____