

NORTH SHORE MUSTANGS

Speed & Strength Course

DESCRIPTION: This is a summer strength and conditioning program, conducted by school coaches, for incoming ninth (9th) graders or above. The fees are \$80 for the six (6)-week (four (4) days per week), daily, 2-hour sessions.

DATES: June 14 to July 29 (M, Tu, W, Th) **Note:** No sessions will be conducted on Friday(s).

TIME: 8 to 10:00; 10 to 12; OR 2 to 4

LOCATION: Galena Park I.S.D. Stadium

EQUIPMENT: Shorts & Shirts furnished

MAKE MONEY ORDERS Payable TO: **Galena Park I.S.D.**

P.O. Box 565

Galena Park, TX 77547

NOTE: MONEY ORDERS or CASH ONLY.

Attn.: Speed & Strength Course

REGISTRATION: NAME: _____ AGE: _____ BIRTHDATE: _____

LAST GRADE COMPLETED: _____ LAST SCHOOL ATTENDED: _____

PARENT/GUARDIAN NAME: _____ PHONE #: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMERGENCY CONTACT PERSON: _____

RELATIONSHIP: _____ **EMERGENCY CONTACT PHONE:** _____

SHORT SIZE: M___; L___; XL___; XXL___; or XXXL___

SHIRT SIZE: M___; L___; XL___; XXL___; or XXXL___

AMOUNT PAID: \$ _____

LIABILITY, MEDICAL & INSURANCE WAIVER: This is to certify that I, parent or guardian of _____, a participant in this strength and conditioning program, agree that the program administrators/coordinators and/or employees of Galena Park I.S.D. will not be held responsible for injuries and death that could occur while participating in this program, or being transported to or from the program session(s). I do, hereby, release and discharge the above mentioned individuals and school district thereof for all claims or damages, demands, actions, or whatsoever in any manner arising or growing out of my son's/daughter's participation in the Speed & Strength Course. I give the right, however, for the Speed & Strength Course personnel to administer medical attention, utilizing medical facilities in the area if necessary, in case of injury. I carry insurance for the player aforementioned and do not hold the program responsible for insurance. I am aware that the Speed & Strength Course reserves the right to discontinue an athlete's program at any time for any reason.

PARTICIPANT: _____ **PARENT/GUARDIAN:** _____

DATE: _____
