



2019 GALENA PARK SPEED & STRENGTH CAMP

7TH-12TH GRADE ALL MALE & FEMALE ATHLETES



THIS IS THE STRENGTH AND CONDITIONING PROGRAM, CONDUCTED BY THE COACHES OF THE GALENA PARK ATHLETICS PROGRAM. THE CAMP IS AVAILABLE TO ATHLETES GOING INTO GRADES 7TH – 12TH (2019-2020 SCHOOL YEAR) IN THE GALENA PARK SYSTEM (GALENA PARK HS, GALENA PARK MS, WOODLAND ACRES MS).

REQUIREMENTS:

- 1.) ALL ATHLETES MUST BE ZONED OR ENROLLED IN A GALENA PARK FEEDER PROGRAM FOR THE 2019-2020 SCHOOL YEAR (GRADES 7-12 ONLY!)
- 2.) ALL ATHLETES MUST HAVE A CURRENT PHYSICAL AND EMERGENCY CARD ON FILE WITH THE ATHLETIC TRAINING DEPARTMENT AT GALENA PARK HIGH SCHOOL.

COST: \$50.00 BY MAY 31ST / \$60.00 AFTER MAY 31ST

CASH OR CREDIT CARD PAYMENT (AVAILABLE ON GPISD WEBSITE)

LOCATION: GPHS FIELDHOUSE

CONTACT: SPIRO AMARANTOS

832-386-2857

WORKOUTS ARE FROM 8:00 AM TO 10:00 AM

JUNE 10TH – JUNE 13TH

JULY 11TH & JULY 12TH

JUNE 17TH – JUNE 20TH

JULY 15TH – JULY 18TH

JUNE 24TH – JUNE 27TH

JULY 24TH – 26TH

JULY 29TH – AUGUST 1ST

NO CAMP: JUNE 3RD – 6TH, JULY 1ST – 4TH, JULY 8TH – 10TH

REGISTRATION INFORMATION

ATHLETE'S FULL NAME: _____ BIRTHDATE: _____

ATHLETE'S CELL NUMBER: _____ SPORT(S): _____

LAST GRADE COMPLETED: _____ LAST SCHOOL ATTENDED: _____

2019-2020 GRADE: _____ 2019-2020 SCHOOL: _____

T-SHIRT SIZE: _____

PARENT/GUARDIAN NAME: _____ PHONE NUMBER: _____

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

EMERGENCY CONTACT PERSON: _____

RELATIONSHIP: _____ PHONE NUMBER: _____

PLEASE SEE THE REVERSE SIDE OF THIS REGISTRATION FORM FOR WAIVER

LIABILITY, MEDICAL, & INSURANCE WAIVER:

THIS IS TO CERTIFY THAT I, PARENT OR LEGAL GUARDIAN OF _____, A PARTICIPANT IN THIS STRENGTH AND CONDITIONING PROGRAM, AGREE THAT THE PROGRAM ADMINISTRATORS/COORDINATORS AND/OR EMPLOYEES OF GALENA PARK ISD 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.

ATHLETE'S NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____