

## Middle School Strength and Conditioning Camp

(Second session)

| WH( | <b>D</b> : | Current           | 7 8 | & 8th | graders. |
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WHAT: Weights, speed, agility, and plyometric training. Perfect cross training for any sport!

WHERE: Churchill High School Weight Room

WHEN: Monday's and Friday's

> April 10<sup>th</sup>-May 26<sup>th</sup> 4pm-5:30pm

COST: \$5 for the entire camp

## **Registration Options**

Mail: Attn: Allen Feigel 8900 Newburgh Rd., Livonia, MI 48150

-OR- In person during any camp time
(Make checks payable to Churchill High School-No refunds 2 weeks prior to start of camp)

| Registration Form   |   |
|---------------------|---|
| Camper's Name:      | - |
| Camper's grade: 7 8 |   |
| Parent Name:        | - |
| Parent Email:       |   |

## **Liability Agreement**

I hereby and herein authorize the Director of the Churchill Football Camp, or any staff working on the camps behalf, to act in my stead for the purpose of acquiring emergency medical attention for my child or ward. I impose upon the assumptions of this duty the responsibility to act with reasonable care and caution and release and waive all liability for any injuries and illness incurred while at the camp, in the event the same is performed pursuant to such standard. By my signature hereunder, I warrant that my child or ward is in good physical condition, has no undisclosed medical problems, illnesses or disabilities, and is capable of full and active participation in the football camp. I also represent that my child or ward has received a physical within the last year and is medically competent to participate in the activities at the camp. Lastly, by my signature hereunder, I have read and fully understand the above liability agreement.

| Signature of Parent or | Guardian: |  |
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