



**Warrior Summer Strength, Conditioning, and Core**  
**Building Foundations for Champions!**  
**Grades 8-12**

**Dates:** June 11-August 10, 2018

**Sessions:** Strength, Conditioning, and Core Sessions will be divided as best as possible by teams. Please see the below team workout schedules. Some teams are not listed, so if you don't see your team listed, please sign up for a time that works! In addition, coaches will connect with their athletes about summer sport specific training schedules, i.e. ice time, court time, drills on the field, etc.

**Course Description:** The program will be divided into 2 weight training days and 2 non-weight training days a week. In cooperation with Select Therapy physical therapists, trainers and Henry Sibley Strength coaching staff, athletes will work on building core strength, developing foundational strength, flexibility, agility, and aerobic fitness.

**Cost:** \$50 Make checks payable to ISD197 and mail to:  
 Questions call Prentice Smith, Activities Director  
 (651) 403-7201

*Activities Office  
 1897 Delaware Avenue  
 Mendota Heights, MN 55118*

All divided into groups that rotate 2 days weight training and 2 days non-weight training.

7:00-8:00am M, T, W, Th (Football, Wrestling, Baseball)

8:00-9:00am M, T, W, Th (Volleyball, G Basketball, Baseball, Softball)

8:00-9:00am T, Th, F (High School B Hockey)

9:00-10:00am M, T, W, Th (G Hockey, G Soccer, Gymnastics, B Basketball, B Soccer)

10:00-11:00am M, T, W, Th (Dance, B Swimming, G Swimming)

10:00-11:00am T, Th, F (Middle School B Hockey)

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 I hereby grant permission for my child to participate in the following District 197 summer activity: Warrior Summer Strength. I acknowledge the fact that conditions inherent to sports and certain other activities expose the participants to risks of injury. I agree as my child's parent or guardian to assume all risks, costs, or losses sustained by me, my child, or my child's family in connection with participation in this activity. If emergency treatment is necessary and I cannot be reached, my permission is granted for emergency resources to transport my child to an appropriate medical facility. The child will be transported at my expense. Further, I hereby release ISD #197 from any liability in the event of injury. In addition, I understand that my child may be included in photographs taken by the district or its approved representative, and I agree to the publication of such photos in ISD #197 communications with the understanding that my child's name will not be used without my permission.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade (next fall) \_\_\_\_\_ T Shirt Size \_\_\_\_\_

Special Needs \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Identify Sport Team and Preferred Workout Time \_\_\_\_\_

\_\_\_\_\_ **Total Amount Enclosed.** *Make check payable to ISD 197.*

*Return this form and check to:*

**Henry Sibley Activities Office, 1897 Delaware Avenue, Mendota Heights, MN 55118**