

# Centennial Athletics 6 Week Summer Program

## Strength-Power-Speed-Agility-Conditioning

### ***"SPARTAN TOUGH"***

**Monday-Thursday**

**June 11<sup>th</sup>-July 26<sup>th</sup>**

#### CENTENNIAL HIGH SCHOOL INDOOR FACILITY AND PRACTICE FIELDS

##### **Sessions/Times**

BOYS Returning 10<sup>th</sup>-12<sup>th</sup> Grade: 8:00-10:00 a.m.

BOYS Incoming 7<sup>th</sup>-9<sup>th</sup> Grade: 10:00-12:00 p.m.

GIRLS Returning 10<sup>th</sup>-12<sup>th</sup> Grade: 8:00-9:30 a.m.

GIRLS Incoming 7<sup>th</sup>-9<sup>th</sup> Grade: 10:00-11:30 a.m.

**\*\*\* No workouts on the week of July 4th**

##### **PROGRAM OBJECTIVES**

- 1) Develop team unity and pride in our athletic programs.
- 2) Learn proper techniques in strength and speed training.
- 3) Develop Strength and Power.
- 4) Develop Speed and Agility.
- 5) Develop conditioning.
- 6) Become acclimated to the Texas heat.
- 7) Develop toughness and competitiveness in our athletes.

**Cost: \$75.00** (Campers will receive a T shirt).

**All Athletes Wear Workout Shorts, T-Shirts, and Athletic Shoes.**

**Athletes must either attend CHS or live in CHS attendance zone. Please arrange transportation.**



Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Incoming Grade Level \_\_\_\_\_

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

Emergency Contact 1 \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact 2 \_\_\_\_\_ Phone # \_\_\_\_\_

Parent E-mail Address: \_\_\_\_\_ Shirt Size (circle ONE below)

Athlete Email Address: \_\_\_\_\_ YS YM YL YXL AS AM AL AXL A2X

2018/2019 School Attending \_\_\_\_\_ Sports Participating In 2017/2018: \_\_\_\_\_

##### Waiver Claim

This applicant has my permission to participate in this activity. Emergency treatment for the applicant is authorized provided the parents could not be contacted. Parent or guardian hereby agrees to indemnify and save harmless all employees, officials, administrators, and governing bodies of Burleson ISD from any loss or damages they may suffer as a result of enrollment or participation in the chosen camp. BURLESON ISD RECOMMENDS EACH FAMILY CARRY ADEQUATE INSURANCE IN CASE OF EMERGENCY.

For the safety of your child, please list any medical conditions the coach should know about (asthma, allergies, etc.)

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Registration Forms are to be turned in or mailed to:  
Spartan Summer Program :  
Attn: Kyle Geller  
201 Hurst Rd.  
Burleson, TX 76028

For questions regarding the camp, please call or email:  
Camp Director: Coach Kyle Geller at 817-437-1796  
(kgeller@bisdmail.net)

**Please Make Checks Payable To: Spartan Summer Program**