



Total Sports  
Conditioning

## **TOTAL SPORTS CONDITIONING AND TARGIT FIT**

### **PROUDLY PRESENTS 2011 SPEED AND POWER CAMP**

*FEATURING NATIONALLY CERTIFIED*

*STRENGTH AND CONDITIONING COACHES*

*MARK CAMPBELL and MARTY HOGE*

### **Our Mission Statement**

Our mission is to teach young athletes the fundamental skills of strength, speed, power, quickness, agility, and conditioning in a safe and fun environment.

### **DETAILS OF THE CAMP**

**WHEN:** JULY 11TH - JULY 28TH, MONDAY'S thru THURSDAY'S, 7:30PM-8:30PM

**WHERE:** IDAHO STATE UNIVERSITY on the field south of HOLT ARENA

**PURPOSE:** To provide your child/athlete with the special attention he/she needs to maximize their potential as athletes and develop proper strength, speed, power, quickness, conditioning skills and techniques that will prepare them for all sports and good lifetime skills.

**COST:** 3 WEEKS OF FORM RUNNING, PLYOMETRICS, SPEED, QUICKNESS, AGILITY AND CONDITIONING AND STRENGTH TRAINING FOR ONLY \$75.00!!!

**INCLUDES:** 12 HOURS OF TRAINING, CAMP SHIRT AND **PERSONALIZED FITNESS TRAINING.**

### **Register Now for 2011 Summer Conditioning Camp!**

- IMPROVE YOUR VERTICAL JUMP
- IMPROVE YOUR 40 YD TIME
- IMPROVE YOUR LATERAL QUICKNESS
- IMPROVE YOUR STRENGTH
- IMPROVE YOUR CONDITIONING

**REGISTRATION FEES AND FORM MUST BE RECEIVED BY: JUNE 15<sup>th</sup> if you want a correct size shirt**

Any fees received after June 15th will not be guaranteed the correct size t-shirt. Registration will be accepted at the door, however prices may be higher. Days of camp may be missed, however results are based on attendance.

# REGISTRATION FORM

**PRINT THIS PAGE, FILL IT OUT AND MAIL IT TO THE ADDRESS AT THE BOTTOM OF THE PAGE  
PERSONAL INFORMATION/EMERGENCY CONTACT**

NAME OF ATHLETE \_\_\_\_\_ AGE \_\_\_\_\_

NAME OF PARENT/GUARDIAN \_\_\_\_\_ T-SHIRTS SIZE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS: HOME \_\_\_\_\_ WORK \_\_\_\_\_

CELL \_\_\_\_\_ OTHER \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

PHONE NUMBER OF EMER CONTACT \_\_\_\_\_

## HEALTH SCREENING AND INJURY ASSESSMENT

1. HAS YOUR CHILD HAD ANY BROKEN BONES IN THE LAST TWO YEARS? \_\_\_\_\_ NO \_\_\_\_\_ YES  
IF YES DESCRIBE \_\_\_\_\_

2. HAS YOUR CHILD HAD ANY SERIOUS INJURY OR SURGERY IN THE PAST? \_\_\_\_\_ NO \_\_\_\_\_ YES  
IF YES DESCRIBE \_\_\_\_\_

3. HAS YOUR CHILD HAD ASTHMA OR HAVE ASTHMA NOW? \_\_\_\_\_ NO \_\_\_\_\_ YES  
IF YES, WHEN AND HOW OFTEN? \_\_\_\_\_

4. ARE THERE ANY INJURIES, CONDITIONS, DISEASES, ILLNESSES, PROBLEMS (PHYSICALLY OR EMOTIONALLY) THAT I SHOULD KNOW ABOUT OR THAT CAN AFFECT HIS/HER ABILITY TO PERFORM AT HIGH LEVELS OF INTENSITY DURING CONDITIONING? PLEASE EXPLAIN:  
\_\_\_\_\_  
\_\_\_\_\_

## CONSENT FORM

I \_\_\_\_\_ (PARENT NAME) HEREBY GIVE \_\_\_\_\_  
(CHILD NAME)

PERMISSION TO PARTICIPATE IN THE TOTAL SPORTS CONDITIONING SUMMER CAMP. I UNDERSTAND THAT TOTAL SPORTS CONDITIONING IS NOT RESPONSIBLE FOR ANY ACCIDENT OR INJURY THAT MAY OCCUR BEFORE, DURING, OR AFTER THE CONDITIONING CAMP. AS THE PARENT OF MY CHILD WHO IS PARTICIPATING IN THE CAMP, I TAKE FULL RESPONSIBILITY OF MY CHILD AND HIS WELL BEING. THE INTENTIONS OF THE TOTAL SPORTS CONDITIONING CAMP IS TO PREPARE ATHLETES FOR FALL SPORTS, AND TO TEACH THE PROPER FUNDAMENTALS OF WARM UPS, AGILITIES, SPEED WORK, POWER DEVELOPMENT, CONDITIONING AND STRETCHING. TOTAL SPORTS CONDITIONING RESERVES THE RIGHT TO REFUSE SERVICE TO ANYONE FOR ANY REASON.

I \_\_\_\_\_ (PRINT PARENT NAME) HAVE READ THE ABOVE STATEMENT AND AGREE TO NOT HOLD TOTAL SPORTS CONDITIONING OR ITS COACHES RESPONSIBLE IN ANYWAY FOR ANY ACCIDENTS OR INJURIES THAT MAY OCCUR TO MY CHILD. I ALSO UNDERSTAND THAT TOTAL SPORTS CONDITIONING HAS THE RIGHT TO REFUSE SERVICE FOR ANY REASON.

**PARENT OR GUARDIAN SIGNATURE** \_\_\_\_\_

DATE \_\_\_\_\_

AND SEND A CHECK OR CASHIERS CHECK TO:

**MARK CAMPBELL , 850 LUCILLE AVE, POCATELLO, ID. 83201**