



2019 AUGUSTA SUMMER WORKOUTS

HARD WORK, HOMEWORK, TEAMWORK

Our program is designed to push athletes to the max of their athletic capabilities. We will focus on making you into a faster and more explosive competitor.

Who: Any student athletes from grades 3 through 12 (2019-20 grade level)

What: Free weights, plyometric work and speed training

When: **Monday, Tuesday & Thursday every week (beginning May 28th through July 25th)**
7:15 am – HS Boys
10:00 am – MS (grades 7 & 8)
11:00 am – Youth (grades 3 through 6)

Tuesday, Wednesday & Thursday every week (beginning May 28th through July 11th)
8:30 am – HS Girls

Where: AHS weight room, track and fields

Why: Because we are chasing Championships!

How much - \$20

Students in grades 3 through 6 are not required to provide physical forms. Students in grades 7 through 12 must provide a copy of their 2018-19 physical or 2019-20 physical (*taken on or after May 1, 2019*). If you played a sport for AMS/AHS, that physical is on file and will work for summer workouts. You will, however, need a new physical to participate in athletics in the upcoming school year.

Return this registration form and payment to Tricia Brown at AHS (2020 Ohio St.) this spring; OR to Coach Filbeck on the first day of the summer session.

Refer any questions to Coach Filbeck at jfilbeck@usd402.com

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Augusta Summer Workouts

Name _____ 2019-20 grade level _____ School _____
Address _____ City _____ State _____
Zip _____ Sports involved in _____
Parent/parents _____ Phone _____
Alt. Phone _____

____ I have enclosed my payment of \$20 to reserve my spot for summer weights
Make checks payable to Augusta High School

I, _____ will commit to my improvement as an athlete. I understand that this is a rigorous program and I willingly accept the challenge and personal responsibility to make myself better.

Student Signature (required) x _____

Permission is granted for participation in the Augusta Summer Workout program. I understand that the program is athletic in nature and declare that my child is physically able to participate. I authorize the coaches to act accordingly to their best judgement in any emergency requiring medical attention recognizing that the district does not provide accident insurance that will pay medical expenses. Furthermore, I release USD 402 and its employees from all claims resulting from any injury my child may sustain while attending.

Parent/Guardian Signature (required) x _____