

Camp Objectives

The Shoemaker HS Summer Strength & Conditioning Camp is designed to improve the explosive power, strength, speed, quickness, and agility of all participants. The camp will be conducted by the Shoemaker High School coaching staff Monday through Thursday from 8 am - 10 am (Session I) and 9 am - 11 am (Session II). The camp will last for six weeks beginning June 13th and concluding July 28th. Camp registration is \$40. **(Reduced fees for economically disadvantaged students)** All incoming 8th - 12th grade male and female student athletes from the Shoemaker HS attendance zone are eligible to participate.

Camp Focus

Power and Strength...participants will engage in a weight program designed to increase explosive power and strength through the use of ground-based, multiple joint weight exercises, plyometrics, and agility drills.

Speed, Agility, Coordination...activities and exercises will be utilized with an emphasis on proper technique so that permanent, positive changes in acceleration, change of direction, and top speed running will be realized.

Flexibility and Mobility...emphasis will be given to increasing participant flexibility and mobility by teaching proper mechanics and utilizing specific exercises designed towards increasing the athlete's full range of motion.

Injury Prevention...participants, through increased flexibility, mobility, and core strength will enhance joint stabilization, thus reducing the likelihood of future athletic injury.

SHOEMAKER HIGH SCHOOL ATHLETIC DEPARTMENT MISSION STATEMENT



Robert M. Shoemaker High School

*EACH SEASON WE WILL
RELENTLESSLY PURSUE A STATE
CHAMPIONSHIP BY STRIVING TO DO
THINGS BETTER THAN THEY HAVE EVER
BEEN DONE BEFORE !*

WE WILL CREATE AND NURTURE A POSITIVE ENVIRONMENT THAT DEVELOPS AND PROMOTES CONFIDENCE, LEADERSHIP, AND SELF-ESTEEM. WE WILL UTILIZE SOUND AND ORGANIZED TEACHING PRINCIPLES AND PROGRESSIONS, TEACH AND PRACTICE SOLID AND PROVEN FUNDAMENTALS, AND WE WILL INSTILL AND FOSTER IN OUR ATHLETES THE VALUES OF OVER-ACHIEVEMENT, HUSTLE, HONESTY, SELF-DISCIPLINE, ATTENTION TO DETAIL, AND RESPECT.

SHOEMAKER HIGH SCHOOL ATHLETIC DEPARTMENT



Robert M. Shoemaker High School

**2016
SUMMER
STRENGTH
AND
CONDITIONING
CAMP**

**June 13th and
concluding July 28th**

CONSENT TO STUDENT ACTIVITY PARTICIPATION & MEDICAL TREATMENT FORM

Shoemaker HS is proud to offer the opportunity for our students to participate in our Summer Strength & Conditioning Camp. We ask that you read and sign this form as a condition of participation in the activity.

PLEASE NOTE THAT THIS DOCUMENT HAS IMPORTANT LEGAL CONSEQUENCES, INCLUDING A RELEASE OF LIABILITY FOR INJURIES OR DAMAGES SUFFERED AND AN AGREEMENT TO INDEMNIFY NORTHSIDE ISD FOR CLAIMS ASSERTED AS A RESULT OF SUCH INJURIES OR DAMAGES. IF YOU HAVE QUESTIONS REGARDING THE EFFECT OF THIS RELEASE, YOU ARE ENCOURAGED TO CONSULT LEGAL COUNSEL.

I, as (parent or guardian) of

_____ desire that my (child/ward) participate in the Shoemaker High School Summer Strength & Conditioning Camp and grant permission for my (child or ward) to participate and attend. I realize that any event involves some possible inherent risk of injury to my child/ward.

I VOLUNTARILY WAIVE ANY AND ALL ACTIONS, CLAIMS, AND DEMANDS FOR, UPON, OR BY REASON OF ANY DAMAGE OR LOSS TO PERSON OR PROPERTY THAT I OR MY CHILD/WARD MAY DIRECTLY OR INDIRECTLY SUFFER DURING THE COURSE OF OR AS A RESULT OF PARTICIPATION IN THIS EVENT, INCLUDING CLAIMS OR DEMANDS OF ANY ORIGIN, INCLUDING THOSE ARISING AS A RESULT OF THE NEGLIGENCE OF THE KILLEEN INDEPENDENT SCHOOL DISTRICT, ITS TRUSTEES, EMPLOYEES, REPRESENTATIVES, AND AGENTS, IN BOTH THEIR OFFICIAL AND INDIVIDUAL CAPACITIES, FROM ANY AND ALL SUCH CLAIMS, WHETHER BY ACT OR OMISSION.

I further understand that, as a parent or legal guardian, I may be held responsible if my child or ward causes bodily injury to other individuals, causes property damage to personal or real property, or engages in conduct that gives those individuals harmed the right to restitution. In the event third parties bring claims resulting from my child's/ward's actions, I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS THE KILLEEN INDEPENDENT SCHOOL DISTRICT, ITS TRUSTEES, EMPLOYEES, AND AGENTS, IN BOTH THEIR OFFICIAL AND INDIVIDUAL CAPACITIES, FROM ANY AND ALL SUCH CLAIMS.

Please check one or both, as appropriate, and then sign

___ **Consent to Medical Treatment**

I hereby authorize the sponsors for this event, on behalf of Shoemaker High School, in the case of medical emergency during the event, to consent to medical treatment of my child or ward,

_____ (name of child/ward)

___ **Consent to Administration of Medications**

I hereby request the sponsors for this event to administer to my child the medications listed on this form. I recognize that the school does not thereby undertake any ongoing duty to administer drugs or medicine, or to supervise or participate in any self-medication, all of which remain my responsibility. I understand that the school is not legally obligated to store or administer medication for students and will not do so, either on a temporary or ongoing basis, except by special agreement. Before any medication is given by the school, I will provide those medications in their original pharmacy containers, with the child's name and doctor's instructions on the label, and I will provide a written, signed authorization from a physician, including complete instructions.

My child/ward is allergic to:

My child/ward has the following special medical conditions:

My child/ward takes the following prescription medications:

I understand that this release will bind me, my assigns, my personal representatives, and my heirs. I have read and understood this Consent to Student Activity Participation and Medical Treatment and have signed it voluntarily with full knowledge of its significance, in valuable consideration of my child/ward's participation in the event.

Parent/Guardian Name (please print) Phone Number

Parent/Guardian Signature Date

Emergency Contact (please print) Phone Number

Dates: Monday, June 13 - Thursday, July 28

When: Monday through Thursday

Holidays: Week of July 4-7

Time: Session I: 8 AM - 10 AM (Grades 10 - 12)
Session II: 8:30AM - 10:30 AM (9th grade)
Session III: 9 AM - 11 AM (Grades -7-8th & girls)

Who: Incoming 7th-12th grade male & female student athletes from the Shoemaker High School attendance zone

Where: Shoemaker H.S.

Cost: \$40.00

Payment Method: Online <https://payments.killeenisd.org/>

In person or by mail—Killeen ISD treasury department
200 N. W.S Young Drive, Killeen, Tx 76543 Please make checks payable to Killeen ISD. Shoemaker High School

Attn: Coach Fair

3302 S Clear Creek Rd

Killeen, Texas 76549

Contact Phone Number: 254-336-0965

REGISTRATION INFORMATION

STUDENT'S NAME: _____

ADDRESS: _____

LAST SCHOOL ATTENDED: _____

GRADE NEXT YEAR: _____

SPORT(S) PLAYED: _____