

Arapahoe Summer Weight Training, Conditioning, and Speed Camp



❖ The Program:

This program is designed for all Arapahoe athletes (including incoming freshman) that want to use the off-season to get stronger, faster, more explosive, and in better shape for their sport. There will be one hour of weight training focused on building power, explosiveness, and strength, and the other hour is dedicated to building speed and conditioning.

❖ When:

Tuesdays and Thursdays

8:00 – 10:00 am

Start date: Tuesday, May 26th

End date: Thursday, August 6th

Dead Week June 28th – July 5th (no weight training this week)

❖ Cost:

\$100 payable to “Arapahoe Summer Weights”

All athletes will receive Arapahoe workout shirts and shorts

- ❖ Please fill out the information on attached form, attach check and give to Coach Eric Riordan at Arapahoe High School.

Eric Riordan

Arapahoe High School

eriordan@lps.k12.co.us

2201 E. Dry Creek Road

303-347-6005

Centennial, CO 80122

Application and Release Form

Athlete: _____ Grade for the 2010-2011 school year: _____

Address: _____

City/State/Zip: _____

Home Phone #: _____

T-shirt size: XS S M L XL XXL (circle one) **note: All sizes are men's and shirts run a size small*

Short size: XS S M L XL XXL (circle one)

Parent/Guardian's Name _____

Health Insurance Company _____ Policy # _____

Non-Parent Emergency Notification

Name/Relationship _____ Telephone # _____

Allergies to Medication _____

Required Medication (must be self-administered) _____

Additional medical problems/information (Asthma, heart murmurs, rheumatic fever, etc.)

Medical Treatment Authorization

I _____, do hereby appoint and authorize the Arapahoe Summer Weights and its designated representative as my Attorney-in-Fact to obtain and consent to any and all medical/dental attention and hospital care and treatment, including major surgery, deemed necessary by an appropriate medical/dental provider selected by Attorney-in-Fact for the health and well-being of my son/daughter, _____ who is attending the Arapahoe Weight Training Camp. I hereby release and exonerate and discharge the Arapahoe Summer weights, Arapahoe High School and its representatives from any or all actions or causes of actions, known and unknown, from any injuries incurred in camp or on the way to or from camp. This power shall terminate on _____ (three days following the close of camp is recommended). PARTICIPATION IN ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG-TERM CATASTROPHIC TO EVEN DEATH. Although serious injuries are not common in supervised athletic programs, it is impossible to eliminate this risk. Participants can, and have the responsibility to help reduce the chance of injury. PARTICIPANTS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES AND INSPECT EQUIPMENT DAILY. The Arapahoe Summer Weights does not screen applicants for illness, injury, allergies or other medical conditions which would prevent or limit the participation in the athletics. By signing this Permission Form, I acknowledge that I have read and understand the above warning. I acknowledge that I do not know of any medical condition which would prevent or limit the participation of this applicant in athletics. I, on my own behalf of this applicant, hereby release the Arapahoe Summer Weights, Arapahoe High School and its representatives from any financial responsibilities or liability arising from injury to this applicant in connection with his or her participation in the summer camp, including injury resulting from negligence (of any kind) of its representatives of the Arapahoe Summer Weights Camp.

Signed this _____ day of _____, 20 ____

Parent or Legal Guardian _____

Address _____ City _____ State _____ Zip _____