

Camp Objectives

The Paschal HS Strength, Speed, and Agility Camp is designed to improve the explosive power, strength, speed, quickness, and agility of all participants. The camp will be conducted by the Paschal High School coaching staff Monday through Thursday from 8 am - 10 am (Session I for 7-12 Grade Girls) and 9 am - 11 am (Session II for 7-12 Grade Boys). The camp will last for six weeks beginning June 13th and concluding July 28th. Camp registration is \$60. **(Reduced fees for economically disadvantaged students)** All incoming 7th - 12th grade male and female student athletes from the Paschal HS pyramid 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, plyometric, 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.



Strength, Speed, and Agility Camp

2017



**"Success is UNCOMMON,
therefore not to be enjoyed by
the common man. I am
looking for UNCOMMON
people."**

*Cal Stoll - University of
Minnesota*

***Fill out this sheet and send to
fwpaschalfootball@gmail.com or bring to 1st day of camp***

**CONSENT TO STUDENT ACTIVITY PARTICIPATION
& MEDICAL TREATMENT FORM**

Paschal HS is proud to offer the opportunity for our students to participate in our Strength, Agility, and Speed 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 FORT WORTH 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 Paschal High School Strength, Agility, and Speed 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 FORT WORTH 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 FORT WORTH 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 Paschal High School, in the case of medical emergency during the event, to consent to medical treatment of my child or 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 12 - Thursday, August 3 **When:** Monday through Thursday

Holidays: Week of July 3-6, July 10-13 **Time:**

Session I: 7:30a- 9:30a (Girls Grades 7 – 12/Boys 7-8)
Session II: 8:30AM – 10:30 AM (Boys Grade 9-12)

Who: Incoming 7th-12th grade male & female student athletes from the Paschal High School pyramid of schools

Where: Paschal H.S. Weight room & FB Field

3001 Forest Park Blvd Fort Worth, Texas 76110

Contact Phone Number: 817.320.4239

Cost: \$60.00

Payment Method:

Cash, check, or money order (camper can bring 1st day of attendance)

Please make checks/money orders payable to:

Paschal HS Strength, Agility and Speed Camp

Attn: Coach Matt Miracle

REGISTRATION INFORMATION

STUDENT'S NAME:

ADDRESS:

LAST SCHOOL ATTENDED:

GRADE IN 2016-17 : _____

SPORT(S) PLAYED: