

# 2022 Summer Strength and Conditioning Camp

**\*\*Future Knights Entering Grades 7<sup>th</sup> – 12<sup>th</sup>**



**Location:** Harker Heights High School Fieldhouse

## Summer Strength Days: (Strength, Speed, and Agility)

**Week 1)** June 6<sup>th</sup> – 9<sup>th</sup>

**Week 2)** June 13<sup>th</sup> – 16<sup>th</sup>

**Week 3)** June 20<sup>th</sup> -- 23<sup>rd</sup>

**Week 4)** June 27<sup>th</sup>-- 30<sup>th</sup>

**Week 5)** July 11<sup>th</sup> - 14<sup>th</sup>

**Week 6)** July 20<sup>th</sup> - 22<sup>nd</sup>

**Week 7)** July 25<sup>th</sup> - 28<sup>th</sup>

**Prices:** Free for all athletes zoned to Harker Heights, and middle school feeder programs.

**Benefits:** Will consist of strength, exercise technique training, speed, and agility training

**What to Bring:** Wear a T-Shirt, shorts, cleats, tennis shoes, and sunscreen

**Contact Information:** Coach Reb Brock, 254.336.0860, [reb.brock@killeenisd.org](mailto:reb.brock@killeenisd.org)

Coach Jerry Edwards, [jerry.edwards@killeenisd.org](mailto:jerry.edwards@killeenisd.org)

## Registration Form

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade (Fall 2022) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Parent's Email \_\_\_\_\_

### Summer Strength Times:

**Session 1** – 8:00am – 10:00am – Football (Grades 10-12)

**Session 2** – 10:00am – 12:00pm - Olympic Sports (Volleyball, Basketball, Soccer, Baseball, Softball, and Track)

**Session 3** – 12:00pm – 1:30pm – 7<sup>th</sup> – 8<sup>th</sup> – 9<sup>th</sup> Grade Boys and Girls

**Session 4** -- 2:00pm – 3:00pm – Athletes attending Summer School

**\*\*Athletes may only participate in one session\*\***

**\*\*Athletes can attend as many weeks as they choose\*\***

### Medical Release Form and Waiver Claim

I, as a parent or guardian, hereby give permission for my child, \_\_\_\_\_, to participate in the Knight Strength Camp and acknowledge the fact that he is physically able to participate in camp activities. I hereby authorize the directors of the Knight Strength Camp to act for me in any emergency requiring medical attention and acknowledge that I will be responsible for any costs (through family medical insurance or otherwise) incurred due to Strength Camp and the institution providing the facilities.

**Printed Name of Parent or Guardian** \_\_\_\_\_

**Signature Name of Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_