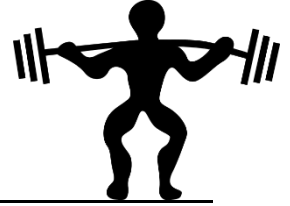


Southside Fitness and Training @ Wachter Middle School



Who: Boys and Girls entering 5th grade through Middle School.

Dates: June 7 - July 15, 2021 - Mondays, Tuesdays and Thursdays. No training on July 5th

Time Sessions: Three sessions to choose from **9:00, 10:00, or 11:00 a.m.**

Location: Wachter Middle School Gyms and Fields

Cost: \$110 early registration. \$115 after May 1. (Includes t-shirt.) No refunds after May 1st.

Questions: Contact: Andrew Prokop andrew_prokop@bismarckschools.org 701-391-4750
or Kevin Schmitcke kevin_schmitcke@bismarckschools.org 701-220-3659

Training Camp Objective:

The training camp will offer personalized speed, plyometric, weight, and agility training for middle school aged athletes. The athletes will be taught proper weight training techniques and injury prevention in a well-supervised environment. Individualized programs will be designed to fit the needs of the athlete. **Space is limited. Sessions fill up quickly.**

Payable in cash or check to:

Southside Fitness and Training
PO Box 2543
Bismarck, ND 58502



Search for: *Southside Fitness and Training*

Athlete: _____ DOB: _____ Grade (Fall 2021): _____

Address: _____ Gender: M___ F___

E-mail: _____
(Please print email address legibly)

Time Preference: 9:00 a.m. _____ 10:00 a.m. _____ 11:00a.m. _____

Training Partner/friend to schedule together if desired _____

Parent/Guardian _____ Shirt Size: Youth _____ Adult _____

Cell Phone _____ Work Phone _____

Emergency Contact Person _____ # _____

I CERTIFY that my child/participant is physically able to participate in all training activities. I understand that there are certain risks of injury inherent with training and I am willing to assume these risks on behalf of my child/ward. Bismarck Public Schools and the Southside Camp instructors assume no responsibility for accidents or illness including COVID 19. The Bismarck Public Schools district and coaching staff are not responsible for any medical expense that may incur due to participation. I agree to all conditions stated above. **INCLUDING THE CONTRACTING OF OR EXPOSURE TO COVID-19**

Parent/Guardian Signature _____ Date _____