



## 2019 Ram-Page Strength and Conditioning Intro Program

For kids **entering grades 6-8**, we are offering a camp for those interested in joining an introduction program to Strength and Conditioning. The camp will stress SAFE teachings along with a scheduled progression focusing on form for basic lifts, positive environment promoting the benefits of healthy lifestyles along with fun activities for campers. This camp will be ran by Lamphere Athletics Coaching Staff and open to Boys and Girls entering Grades 6-8. Sessions will be held Tuesday and Thursdays in the Weight Room at Lamphere High School. Each camper will also receive a t-shirt.

Dates: Tuesday and Thursdays July 8th-26th (6 sessions)

Cost: \$60.00

Location: Lamphere High School Weight Room

**Register by June 14 to receive a t-shirt!**

T-shirt Size (circle one)

Youth:            Small    Medium    Large

Adult:            Small    Medium    Large    X-Large

Student Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_ 2019/2020 Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Tuition Amount: \_\_\_\_\_ Check #: \_\_\_\_\_

Make check payable to **Lamphere High School**

Russ McKenzie

Mail with forms to: 610 W. 13 Mile Road

Madison Heights, MI 48071

Lamphere is not responsible for lost or stolen property

# LAMPHERE HIGH SCHOOL



Name of Camper: \_\_\_\_\_ DOB: \_\_\_\_\_

### Consent to Treat

List any medical conditions that camp personnel should be aware of: (PLEASE USE ADDITIONAL PAGES AS NECESSARY)

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List any medication currently taking: \_\_\_\_\_

List any allergies: \_\_\_\_\_

### **In case of emergency please contact:**

\_\_\_\_\_  
Name Daytime phone

\_\_\_\_\_  
Name Daytime phone

\_\_\_\_\_  
Medical Insurance Company Phone

\_\_\_\_\_  
Insurance Policy Number(s)

I hereby give my permission for LHS sports medicine athletic trainers, and staff to provide any needed medical treatment for my son/daughter while he/she is attending the sports camp. I specifically, give my permission for necessary and emergency care to be given to \_\_\_\_\_ (name of camper) by a medical treatment provider. I attest that my son/daughter has had a physical within the last twelve months and that the physical disclosed no medical conditions, other than those listed above, that would make participation in this sports camp a risk.

I hereby acknowledge that participation in this sports camp and related activities is at the sole discretion and judgment of the parent or guardian and involves an inherent risk of personal injury. I, on behalf of my son/daughter, hereby assume all such risk.

\_\_\_\_\_  
Signature (Parent or Guardian) Date



# The Lamphere Schools Media Release Form

Throughout the school year students attend programs, activities, field trips and events along with normal classroom routines that support their education, promote community service or encourage positive behavior.

With the Principal's approval, occasionally, staff, parents and local media cover these events by taking photographs or video. This may include newspaper, television, websites or other media production. This also includes our school's website and classroom and club web pages.

By signing below, you agree that you have been notified of the possibility that your student may be included in photographs or video and authorize the use for public print, display or broadcast.

Please indicate your preferences by checking the appropriate box.

I do give permission for my child's name or photograph to be used for any school related public media, the school's website and yearbook.

I do not give permission for my child's name or photograph to be used for any school related public media, the school's website and yearbook.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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