

SPEED, STRENGTH & AGILITY CAMP 2019



DATES

MAY 28,29,30 JUNE 3,4,5,6

GRADE LEVELS

1ST-6TH GRADE BOYS AND GIRLS

COST:
\$55 BEFORE MAY
10TH
\$65 AFTER

TIME

8:00-9:15 A.M.

PLACE

ADA INDOOR FACILITY (LOCATED AT ADA HIGH SCHOOL)

GOALS

The Goals of the Speed-Strength-Agility Camp are to increase the athletes strength, flexibility, coordination, and foot speed which will in turn increase overall athletic ability.

An early age is very important in learning muscle memory and movement patterns that will be used every day in athletics so its very important that they learn the RIGHT way NOW. Not only will athletic ability for every sport improve, but this risk for injury will be lowered.

ACTIVITIES

The camp will focus on bodyweight strength exercises that involve every muscle group. It is very important to have a strong core and foundation in order to improve every athletic movement.

Speed drills and proper running technique will be taught in order to increase ankle/knee/hip mobility as well as increasing straight line speed. Agility drills including ladders, bags and various change of direction drills are used to improve lateral movement and ankle/knee stability.

FORMAT

This camp is designed to get the most work done in the shortest amount of time. Workouts will include all three areas (strength/speed/agility) in every workout with various intensities.

APPLICATION (Return to ADA JR HIGH: ATT Bohannon or Nall)

NAME: _____ **GRADE:** _____
ADDRESS: _____ **CITY/STATE:** _____ **ZIP:** _____
PHONE: _____ **EMERGENCY:** _____

I hereby authorize the directors of this camp to act for me, according to their best judgement in an emergency requiring medical attention to my child. This includes x-rays, examination, anesthetic, or surgical diagnosis of treatment and hospital care. I hereby release Camp Directors from any claims, which may hereafter be presented by my child as a result of such injuries.

I know of NO physical or emotional problems which may affect my child ability to safely participate in this camp. **Parent/Guardian Signature:** _____

DOCTORS PERMISSION

If your child has a medical condition that we need to be aware of please list it below. If this condition requires doctors approval to participate, please have a doctor sign below.

MEDICAL CONDITION: _____ **DOCTORS SIGNATURE:** _____

QUESTIONS PLEASE CONTACT:

KYLE BOHANNON- (580) 512-8889 or bohannonk@adapss.com
Wade Boyles= (5800 320-2037 or boylesa@adapss.com