

# SPEED, STRENGTH & AGILITY CAMP 2021



**COST:**  
**\$50**

## DATES

June 1st - June 4th

## GRADE LEVELS

1ST-6TH GRADE BOYS AND GIRLS

## TIME

8:00-9:15 A.M.

## PLACE

ADA JUNIOR HIGH WEST GYM/FOOTBALL FIELD

## 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.

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## APPLICATION

**NAME:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **CITY/STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_ **EMERGENCY:** \_\_\_\_\_ **SHIRT SIZE:** \_\_\_\_\_

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:** \_\_\_\_\_

**QUESTIONS PLEASE CONTACT:**  
**KYLE BOHANNON- [bohannonk@adapss.com](mailto:bohannonk@adapss.com)**  
**WADE BOYLES [boylesa@adapss.com](mailto:boylesa@adapss.com)**