

**2016 Summer Weight Training and Conditioning
Shawnee Heights High School
Enrollment Form**

1. I will attend or attended school in the Shawnee Heights District.

2. _____
Student's Name Birthday Age Grade Next Fall

3. _____
Street Address City Zip Code

4. _____
Home Phone Number Father or Guardian's Name Contact Phone #

5. _____
Mother or Guardian's Name Contact Phone # Emergency Contact and Phone #

FEE IS \$40 PAID BY CASH OR CHECK # _____

Please circle the payment method and initial _____

Make checks payable to: Shawnee Heights School District

No refunds after June 15th.

Students must arrive to the session on time and dressed ready to work out. They are expected to stay for entire hour and a half session. Students should make arrangements for transportation immediately following the session. For the safety of all participants each session will be limited to 60 students. Students are encouraged to attend the same session each day but can change on days of conflict. Students must follow all rules of the Shawnee Heights Weight Training Program and the prescribed workout.

Please circle the requested session for weights and fitness (Notes the dates)

June 6th – July 14th

Monday through Thursday **Preference** (always open to any sport)

SESSION #1: **6:15 AM – 7:30 AM** Football (M.S., H.S.), Soccer

SESSION #3: **8:30 AM – 10:00 AM** Football (M.S., H.S.), Basketball

June 13th – July 21st

Monday through Thursday **Preference** (open to any sport)

SESSION #2: **7:30 AM – 9:00 AM** All Women's sports, male athletes

I hereby acknowledge that the Shawnee Heights School District #450 provides secondary insurance coverage only. All insurance claims or inquires concerning insurance coverage due to an injury should be made to USD #450 District Office within 30 days of the injury.

PARENT SIGNATURE DATE STUDENT SIGNATURE DATE