

## Wessington Springs Athletics Summer Workout Program

- Workouts led by Certified Trainer Joey Mitchell
  - Workouts will be adapted to fit needs of each individual athlete
  - Workouts held at Wessington Springs Gym
- This workout program is for all athletes who will be in grades 7-12 next year. Boys and Girls
- Dates – June 5 – August 3 (July 1-7 is off) - See schedule below
  - Monday-Tuesday-Thursday-Friday (except first week)
  - 6:30 am to 9:30 am (athletes can expect to be there for one hour minimum. Be there by 8:30 am at latest)
- Cost is \$150 per athlete
  - Family Discount - \$100 for sibling and a 3<sup>rd</sup> sibling would be free
  - Make checks payable to Wessington Springs Athletics
  - Will get \$25 in return if attend 90% of workouts
  - Please communicate with trainers if have to miss workout. Missing a workout to attend a camp will not count against attendance.
  - If payment is issue, a payment plan or assistance is available. Please see Mr. Kolousek

### Summer Workout Schedule

- June 5, 6, 7, 8 (Tuesday, Wednesday, Thursday, Friday)
- June 11, 12, 14, 15 (Monday, Tuesday, Thursday, Friday)
- June 18, 19, 21, 22 (Monday, Tuesday, Thursday, Friday)
- June 25, 26, 28, 29 (Monday, Tuesday, Thursday, Friday)
- July 1 – 7 (Gym closed – do physical activity on your own)
- July 9, 10, 12, 13 (Monday, Tuesday, Thursday, Friday)
- July 16, 17, 19, 20 (Monday, Tuesday, Thursday, Friday)
- July 23, 24, 26, 27 (Monday, Tuesday, Thursday, Friday)
- July 30, 31, Aug 2, 3 (Monday, Tuesday, Thursday, Friday)

*Please read and sign liability form on next page and return to Mr. Kolousek at the MS/HS at earliest convenience.*

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## Parental/Guardian Permission:

Name of Athlete(s): \_\_\_\_\_

In consideration of the acceptance of the application, I, intending to be legally bound hereby for myself, my heirs, executors, and administrators, waive & release any & all rights & claims for damages I may have against the staff of the Wessington Springs School District for any damages which may be sustained and suffered out of

(Athlete's Name) \_\_\_\_\_'s

participation in the workout program sessions. I hereby give my consent to the staff to secure any emergency methods considered necessary & I release WS staff and administration from liability of any injuries that may be sustained by my son/daughter while in attendance at the WS Workout Sessions.

Parent/Guardian:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_