

2018 BOYS REBELS POWER CAMP

- **Camp Dates:** June 11TH – July 19TH; Mon. - Thur.

The camp will run Monday through Thursday for 5 weeks and will be held at Hays High School Weight Room and Track. We will be OFF the week of 4th of July.

Session 1 – 7:45–9:15 Recommended for 10th, 11th & 12th Grade Boys.

Session 2 - 9:15-10:45 Recommended for incoming 7th, 8th & 9th Grade Boys.

- **Location:** HAYS High School Weight Room
- **Price:** \$85.00 or \$25.00 per week
- **Make Checks Payable To:** Hays High School
- **Online Payments:** Can be made through Hays CISD REVTAKE Payment System.
- **For More Information Contact:**

Les Goad at 512-268-2911 ext. 6229 or email: les.goad@hayscisd.net or

Erica Castillo at 512-268-2911 ext 6239 or email: erica.castillo@hayscisd.net

- **Return Completed Registration, Waiver and Money by Mail or in Person As Soon As Possible to:**

Hays High School – Football
C/O Coach Les Goad
4800 Jack C. Hays Trail
Buda, Texas 78610

- **BEFORE AN ATHLETE CAN PARTICIPATE IN THE CAMP HE MUST:**

Fill out the Registration and Sign the Waiver for by the Athlete and Parent or Guardian

QUESTIONS

Q. What types of exercises are involved in this program?

A: The strength development program will fit the specific needs of the athletes sport, position, age and weakness. Emphasis is on the core lifts of Squat, Clean, Bench & Incline. A large variety of different lifts will be performed with explosiveness being the focus in the weight room. Speed development is the focus of the outside program. Flexibility, weight training, speed & agility training, and conditioning are incorporated in the camp.

Q. Where is the camp held and when?

A. Our camp is run out of the high school weight room, track and practice fields. Workouts are each Monday thru Thursday for 6 Weeks.

The camp will be conducted by the Hays coaching staff. This camp will follow the guidelines as outlined by the UIL.

2018 BOYS REBEL POWER CAMP

(KEEP THE 1ST PAGE FOR YOUR INFORMATION)

PLEASE PRINT:

ATHLETE'S NAME: _____ **2018 GRADE LEVEL:** _____

ATHLETE'S CELL # _____

PLEASE SELECT ONE OF THE SESSIONS:

___ **Session I – 7:30–9:00 Recommended for 10th, 11th & 12th Grade.**

___ **Session 2 - 9:00-10:30 Recommended for incoming 7th, 8th & 9th Grade.**

PARENT/GUARDIAN NAME(S): _____

CELL NUMBER #: _____ **EMAIL:** _____

HAYS C.I.S.D. RELEASE OF LIABILITY FORM

2018 HAYS REBELS SUMMER STRENGTH, SPEED & CONDITIONING CAMP

Participant releases the Hays C.I.S.D., Its officials, employees and volunteers from any and all liability for any claim by Participant of bodily injury, property damage, or other legal injury of any description arising from Participant's use of Hays C.I.S.D. facilities or participation in or attendance at the Camp / Event. The term "Participant" includes both the Individual Participant and any parent or guardian signing this document on behalf of the Participant.

Participant further covenants and agrees that Participant or Participant's legal representatives will not assert or file any claim against Hays C.I.S.D., its officials, employees or volunteers seeking monetary or other relief of any description based on any claims released in this document. Participant agrees to indemnify and hold harmless Hays C.I.S.D., its officials, employees or volunteers from all costs and expenses of defending against such claims.

The release and indemnity obligations of Participant shall apply without regard do whether the bodily injury, property damage, or other legal injury complained of were caused, in whole or in part, by the Hays C.I.S.D., its officers, employees or volunteers.

This release does not waive any claim of governmental or statutory immunity or any other legal defense available to the Hays C.I.S.D. or its officials, employees or volunteers under Texas or federal law. By signing below I certify that I have read, understand and accept the terms of this document. I further certify that I am aware that this document contains a release of important legal right and that I may consult an attorney prior to signing.

Participant

Parent or Guardian

Printed Name

Printed Name

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Office Use Only:

Payment Received: _____

Payment Type:

Cash Check # _____