

# SUMMER 2017 ADVANCED STRENGTH & CONDITIONING

WEEKLY SESSIONS  
INCLUDE:

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SPEED DEVELOPMENT  
STRENGTH DEVELOPMENT  
PLY METRICS/BOUNDING  
JOINT STABILAZTION  
FLEXABILITY EXERCISES  
STRENGTH ENDURANCE  
CARDIOVASCULAR  
AGILITY RUNNING  
ABDOMINAL CIRCUIT  
OLYMPIC LIFTS  
SPORTS SPECIFIC LIFTS

STATE OF THE ART  
4,000 SQ. FT.  
WEIGHT ROOM

SUMMER STRENGTH &  
CONDITIONING  
CALENDAR

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FOR MORE INFORMATION  
CALL (832) 484-4801

KLEIN OAK HIGH SCHOOL  
ATHLETIC OFFICE

KLEIN OAK



ATHLETIC DEPARTMENT

WEEK 1 - JUNE 5<sup>th</sup> - 8<sup>th</sup>

WEEK 2 - JUNE 12<sup>th</sup> - 15<sup>th</sup>

WEEK 3 - JUNE 19<sup>th</sup> - 22<sup>nd</sup>

WEEK 4 - JUNE 26<sup>th</sup> - 29<sup>th</sup>

OFF - JULY 3<sup>rd</sup> - 7<sup>th</sup>

WEEK 5 - JULY 10<sup>th</sup> - 13<sup>th</sup>

WEEK 6 - JULY 17<sup>th</sup> - 20<sup>th</sup>

OFF - JULY 24<sup>th</sup> - 27<sup>th</sup>

Monday-Thursday beginning June 5th

- SESSION I TIME: 7:30AM – 9:30AM  
10<sup>TH</sup>, 11<sup>TH</sup>, 12<sup>TH</sup> GRADE
- SESSION II TIME: 9:30AM – 11:30AM  
7<sup>TH</sup>, 8<sup>TH</sup>, 9<sup>TH</sup> GRADE

FEE - \$125.00

KLEIN OAK WEIGHT ROOM

PARTICIPANTS: BOYS & GIRLS GRADES 7<sup>TH</sup> – 12<sup>TH</sup> AS OF 9/17

ALL BLANKS **MUST** BE FILLED OUT. PLEASE PRINT IN BLUE INK ONLY.

KISD – Klein Oak Strength & Conditioning Camp Amount \$125.00  
June 5<sup>th</sup> – July 27<sup>th</sup> (Monday – Thursday) If Applicable Check # \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Weight: \_\_\_\_\_

Present School: \_\_\_\_\_

School 9/17: \_\_\_\_\_ Grade 9/17: \_\_\_\_\_

(CIRCLE ONE)

**Session I 7:30 – 9:30 AM**  
**10<sup>th</sup>, 11<sup>th</sup> & 12<sup>th</sup> Grade**

**Session II 9:30 – 11:30 AM**  
**7<sup>th</sup>, 8<sup>th</sup> & 9<sup>th</sup> Grade**

T-SHIRT SIZE: S M L XL 2XL

**MAKE CHECKS PAYABLE TO KLEIN ISD**

**Camp fee must accompany application**

**MAIL OR DROP OFF COMPLETED APPLICATIONS TO:**

**Klein Oak High School**

**\*\*Walk up applications accepted**

**Athletic Department  
22603 Northcrest Drive  
Spring, Texas 77389**

**KISD WAIVER**

I, the undersigned, being the individual, spouse, or legally authorized and qualified guardian of the student named \_\_\_\_\_ agree to hold KISD, it's Board of Trustees, administration, and/or faculty, harmless from all liability for any injuries which my son/daughter may receive while participating in any recreational activities or utilizing the Klein School District facilities. I hereby authorize the athletic director, coach, and/or district employee to secure medical services for any family member if necessary, and I agree to pay either directly or through my own personal health and accident insurance policy all medical costs.

\_\_\_\_\_  
Date Signature of parent or legal guardian

\_\_\_\_\_  
Street Address of parent/legal guardian City/State Zip Code Phone

**REQUIRED EMERGENCY INFORMATION**

Name of Parent/Guardian: \_\_\_\_\_

Father's place of employment: \_\_\_\_\_ Ph#: \_\_\_\_\_

Mother's place of employment: \_\_\_\_\_ Ph#: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Ph#: \_\_\_\_\_

Address: \_\_\_\_\_

List the name of a relative or contact person who can be reached if unable to speak with parent/guardian

Name: \_\_\_\_\_ Ph#: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Ph#: \_\_\_\_\_

Policy #: \_\_\_\_\_

**INCOMPLETE APPLICATIONS WILL BE RETURNED**