

WESTVIEW



FOOTBALL

Youth Summer Training & Conditioning Program

Who:	Westview Youth Football players, grades 5 - 8
What:	Strength, speed, agility and flexibility testing and training
Date(s):	Tu., Th. & Fr.; June 23st through August 12th (20 sessions) (June 23, 24, 28 & 30; July 1, 5, 7, 8, 12, 14, 15, 19, 21, 22, 26, 28 & 29; August 9, 11 & 12)
Time(s):	Grades 5 & 6, 9:00-10:15 a.m.; Grades 7 & 8*, 9:00-11:15 a.m.
Where:	Westview High School Stadium
Cost:	Grades 5 & 6 - \$175 ; Grades 7 & 8* - \$225

*7th & 8th grade participants will be introduced to proper and safe weightlifting techniques in the WHS weight room

Overview: Participants will learn proper running form, flexibility training (increasing joint range of motion), and agility and power exercises (plyometrics, jumping rope and agility stations) to increase overall athletic performance through sports specific training, focusing on technique and injury prevention. Participants will work and learn from high school athletes, gaining strength and confidence, while developing physical readiness for youth football participation. Proceeds pay for program expenses and ongoing weight room improvements.

Lead Trainers: **Barry Dillard** (WHS Football Coach & Certified Personal Trainer)
James Russell (WHS Football & Track Coach, Summer Weight Room Supervisor)

Program Contact: **Greg Fisher**, Head Football Coach, (971) 570-5257, greg_fisher@beavton.k12.or.us



SIGN ME UP - Please mail this bottom portion with payment ASAP!

Participant Name: _____ Grade: _____ T-shirt Size: _____
(Youth or Adult?)

- CHECK (enclosed and made payable to **Westview Football**)
- CREDIT or DEBIT CARD (American Express, Visa, MasterCard, Discover)

Mail to: **Westview Football**
Attn: Greg Fisher, Head Football Coach
Westview High School
4200 NW 185th Avenue
Portland, OR 97217

Card No. _____ Exp. Date _____

Card Holder Name _____

Parent/Guardian (P/G) Release: I give permission for my son or daughter to participate in the Westview Football Youth Summer Training & Conditioning Program. I authorize administration of first aid and for the camp staff to secure the services of a hospital or physician in the event of accident or illness. The Beaverton School District, Greg Fisher and all camp staff are released from any liability and for any financial obligation that may occur as a result of my son or daughter's participation in this camp. I accept full responsibility for any and all medical costs and payment obligations resulting from necessary medical treatment incurred.

P/G Name _____ P/G Signature _____
(PLEASE PRINT)

E-mail _____ P/G Telephone No. _____

Family Doctor (FD) _____ FD Telephone No. _____

Insurance Carrier _____ Policy/Group No. _____