



STRENGTH AND CONDITIONING Summer 2021

- Learn how to use every piece of weight room and athletic training equipment safely and effectively
- Focus on agility, speed, flexibility, and power development
- Start healthy nutritional habits
- Learn injury prevention/recovery techniques
- Increase confidence, self-esteem, and work ethic
- Develop your social and leadership skills through exercise!

Two Sessions:

Session 1: June 8 - July 1 (Not recommended for Spring athletes with seasons running through June.)

A ¼ elective credit can be earned with full participation in this session only.

Space is limited so please return your form promptly.

Session 2: July 5 - July 29 (More focus on sport-specific training.)

Times:

6:00 - 7:30 am

7:30 - 9:00 am (primarily for incoming 9th graders)

9:00 - 10:30 am

- Classes meet Monday—Thursday for 90 minutes each.
- You must attend the same time everyday.
- You may attend both sessions.
- Students are expected to be in the program for the full duration, please discuss with the instructor if an absence is needed. Three absences equals no credit for the first session.

If you are unable to attend one of these sessions, but still would like to work out, the Fitness Center has open hours for students during the summer:

June 7 - July 29

1:00 pm - 8:00 pm

Questions? Contact Mrs. Feuker:
feukkar@ug.k12.wi.us or call 262-864-2109

Please complete the attached form to sign up for your session today!

Strength and Conditioning Class Sign Up Form

Name _____

Grade in School in September 2021: **Freshman** **Sophomore** **Junior** **Senior**

If the session/time you select is full, you will be contacted to see if a different slot will work for you.

___ **Session 1: June 8 - July 1**

___ **Session 2: July 5 - July 29**

___ **6:00 - 7:30 am**

___ **7:30 - 9:00 am (primarily Freshmen)**

___ **9:00 - 10:30 am**

Mail/Deliver this completed form to:
UGHS Attendance Office(Attention: Rose)
3433 S. Colony Avenue
Union Grove, WI 53182

ATHLETIC EMERGENCY INFORMATION

AS PARENT/GUARDIAN OF _____, IN CASE OF AN EMERGENCY BY ACCIDENT OR INJURY, I GIVE MY PERMISSION TO HAVE THE RESPECTED COACH OR TEACHER CONSENT TO NEEDED MEDICAL ATTENTION BY THE NEAREST PHYSICIAN AND/OR HOSPITAL.

PREFERRED PHONE NUMBER: _____ DATE OF BIRTH: __/__/__

ADDRESS: _____

FATHERS NAME: _____ PHONE NUMBER: _____

MOTHERS NAME: _____ PHONE NUMBER: _____

INSURANCE COMPANY AND NUMBER: _____

FAMILY DOCTOR: _____ PHONE NUMBER: _____

PREFERRED HOSPITAL (**circle one**): BURLINGTON or RACINE

KNOWN ALLERGIES TO FOOD/DRUGS/ANESTHETICS: _____

PARENT/GUARDIAN SIGNATURE: _____

ATHLETIC CODE COMMITMENT

Athlete's Pledge

I agree to abide by all rules and regulations set forth in the Union Grove Union High School Activities/athletics code of conduct.

I agree to pay for any and all equipment that I may lose, misplace or damage through carelessness or intent. I further agree to assume full responsibility for all equipment, uniforms, etc., issued to me, and to confine the use of that equipment to practice, games or meets.

Date: _____ Signature of Athlete: _____

We encourage parental responsibility in the administration and enforcement of the code.

Parental consent and Pledge

I, as the parent of _____,

Please Print athlete's Name.

Have read the rules and policies of the Athletic Code of Conduct set forth for athletic/activities participation at Union Grove Union High School, and give my son/daughter permission to participate under these conditions:

- I will do my part to aid the coach and the Athletic/Activities Department in seeing that he/she follows these rules and regulations. I also agree to cooperate with the administration in any matters concerning the athletic/activities code.
- I also give permission to the attending physician/trainer to give first aid and emergency treatment to my son/daughter should he/she require such assistance.
- I certify that I live in the Union Grove Union High School District and that my son/daughter lives with me, unless under the Open Enrollment Policy.
- I am aware of the inherent risk of injury present through participation in activities. In particular when involved in interscholastic athletic practice and contest activities, the risk may be severe including serious physical injury and even death. In some cases, injury may occur during transportation to and from contests, practices and/or events. I further acknowledge that even with qualified coaching/advising, the use of adequate protective equipment, and strict observance of rules, injuries are still a possibility.

Please Print:

Parents' First and Last Names _____

Print Address: _____

City _____, WI Zip _____

Phone Numbers: _____ Email: _____

Date: _____ Parent/Guardian Signature: _____

PARENT/GUARDIAN & ATHLETE AGREEMENT

As a Parent/Guardian and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury. **This form must be completed for every sport season every youth athletic organization the athlete is involved with.**

Parent/Guardian Agreement:

I have **read** the Parent Concussion and Head injury information and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon.

Parent/Guardian Signature _____ Date _____

Athlete Agreement:

I have **read** the Athlete Concussion and Head Injury information and **understand** what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and to my parent/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete Signature _____ Date _____