

UIC FLAMES STRENGTH AND CONDITIONING CAMP

Overview

Weight training has long been proved to enhance athletic performance. Now you can learn the proper technique from those who work with athletes every day, the strength staff at the University of Illinois at Chicago. Learn what collegiate strength coaches want their athletes to know when they arrive on campus. You will learn proper technique for Olympic and power lifts and your training questions will be answered. In this intensive camp, you will be put through workouts that include weight lifting, plyometrics and speed elements to enhance every aspect of your game.

Staff

Nick Zostautas

- Director of Strength and Conditioning at the University of Illinois at Chicago
- Assistant Strength Coach Northwestern University
 - o NCAA Tournament Soccer 2004
 - o NCAA Tournament Wrestling 2003 & 2004
 - o Football Motor City Bowl 2003
- Graduate Assistant Strength Coach University of North Dakota
 - o Assisted with preparations for 2002 Hockey Season
 - o Div II National Football Champions 2001
 - o Div II NCC Champions/ 4th place NCAA Women's Cross Country 2001
- Assistant Track and Field Coach (Throws)
 - o Div II NCC Discus Champion
- Intern Strength and Conditioning Coach Colorado Avalanche
 - o Stanley Cup Champions 2001
- Certified Strength and Conditioning Specialist (CSCS)
- Master Strength and Conditioning Coach Honor(CSCCa)

Eric Guthrie

- Assistant Strength Coach University of Illinois at Chicago
- University of Iowa – Football Team Punter
- Tampa Bay Buccaneers - Punter
- Rocky Mountain District Development/Evaluation Hockey Camp
 - o Strength and Conditioning Tester
- Certified Strength and Conditioning Specialist (CSCS)

Dates & Times

Camp dates will begin June 1ST – July 1st, the week of July 4th – July 8th OFF, continuing with the final 5 weeks from July 11th – August 11th. Sessions will be held at the Flames Athletic Center located at 839 W. Roosevelt Rd. on Monday, Wednesday and Thursday afternoons at 3:00-4:30.

Cost

\$400.00 per athlete

ALL PAPERWORK AND PAYMENT IS DUE BY MAY 27th 2016

CHECKS PAYABLE TO: TITAN Strength & Conditioning

MAIL TO:

Nick Zostautas

5317 Johnson Ave.

Western Springs, IL. 60558



**TITAN STRENGTH AND CONDITIONING LLC
EMERGENCY MEDICAL INFORMATION**

(Please list the SPORT / CAMP NAME / CAMP DATES for each session in which the camper is currently registered)

SPORT: _____ **CAMP NAME:** _____ **CAMP DATES:** _____
SPORT: _____ **CAMP NAME:** _____ **CAMP DATES:** _____

CAMPER INFORMATION:

NAME: _____

HOME ADDRESS: _____
Number / Street City State / Zip Code

AGE: _____ **GENDER:** _____ **DATE OF BIRTH:** ____/____/____

SCHOOL NAME: _____

PARENT/GUARDIAN/OTHER:

NAME: _____

HOME PHONE: (____) _____ **WORK PHONE:** (____) _____ Relationship

HOME ADDRESS: _____
Number / Street City State / Zip Code

EMERGENCY CONTACT:

NAME: _____

HOME PHONE: (____) _____ **WORK PHONE:** (____) _____ Relationship

HOME ADDRESS: _____
Number / Street City State / Zip Code

HEALTH INFORMATION STATEMENT:

Check below any information you feel the staff may need to maximize the safety and the wellbeing of the attendee. To the right of the condition statement is space for more information relating to the condition checked. Please be specific. In case of emergency, this health information may be the only source of accurate important information.
This information is confidential.

History of Head Injuries or Concussions _____

Nervous System or Mental (epilepsy, emotional stress, convulsion) _____

Lung Disease (asthma, persistent cough, tuberculosis) _____

Disease of Heart or Blood Vessels, Increased or Abnormal Blood Pressure _____

Pain in Chest or Shortness of Breath (heart murmur, rheumatic fever) _____

Parents/Guardians must complete and sign this form in order to finalize a campers registration and allow participation in camp activities

A doctor's physical exam is not necessary--only general medical information is required

Stomach or Intestinal Trouble (ulcers, gall bladder or liver disorder, jaundice, hernia, colitis)

Arthritis, Kidney or Bladder Disease _____

Hay Fever or Allergies _____

Allergy to Medicines (including penicillin, tetanus) _____

Impaired Sight or Hearing, Chronic Ear Infections _____

Recent Surgical Operations, Accidents or Injuries _____

Any Infectious Disease _____

Skin Disease _____

Allergy to Foods _____

Diabetes _____

Currently taking Medicines (list names and doses) _____

Medication that needs refrigeration _____

Under on-going care of Physician (NAME/PHONE #) for chronic/recurring problem _____

Do You Wear Glasses? YES NO SOMETIMES

Do You Wear Contact Lenses? YES NO

Date of last TETANUS BOOSTER _____

Significant Orthopedic and/or Neuromuscular Impairment (e.g. loss of limb, spinal cord injury) _____

INSURANCE INFORMATION:

FAMILY DOCTOR'S NAME: _____ CLINIC/HOSPITAL NAME: _____

CITY/STATE: _____ PHONE: (____) _____

HEALTH INSURANCE PROVIDER: _____

Name

Address

City

State / Zip Code

NAME OF POLICY HOLDER: _____ DATE OF BIRTH: ____/____/____

POLICY NUMBER: _____ GROUP NUMBER: _____

As a parent or guardian, I understand that if a serious illness/injury develops, medical or hospital care will be sought. I further understand that in case of serious illness/injury, I will be notified. However, if it is impossible to contact me, I give my permission for medical treatment, as recommended by an attending physician.

I approve the release of medical information to the University of Illinois Sports Medicine Staff and any treating physician.

I approve the release of insurance information to the health care provider (doctor, hospital of my child).

I approve the health care provider to release information to the insurance company.

I approve benefits from my insurance are payable to the health care provider.

If the benefits are paid directly to me, I will pay the health care provider.

I verify the above information is correct to the best of my knowledge.

My signature verifies the above information to be correct to the best of my knowledge.

SIGNATURE: _____ **DATE:** _____

(Parent or Guardian)

CAMPER'S SIGNATURE: _____ **DATE:** _____

(If over 18 years old)

Parents/Guardians must complete and sign this form in order to finalize a campers registration and allow participation in camp activities

A doctor's physical exam is not necessary--only general medical information is required

Titan Strength & Conditioning LLC Camp Waiver Form

Liability Wavier

I hereby acknowledge that participation in this camp and related activities involves an inherent risk of physical injury or loss that might be sustained by my child. In consideration for accepting my child into the camp, I assume all risk of injury and loss that may be suffered by me or my child and release and forever discharge Titan Strength and Conditioning LLC, the Board of Trustees of the University of Illinois, its officers, employees and agents from any and all known liability of whatever kind or nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen body and personal injuries, including death, property damage and the consequences therefore resulting from the registrant's participation in or involvement with this camp or presence on University property, including any failure of equipment or defect in the premises, except to the extent caused solely by the willful and wanton misconduct of Titan Strength and Conditioning LLC and the University.

I give permission to the University of Illinois to take photographs and videos of my child during the course of the camp activities. These photographs may be used for publicity purposes by the University of Illinois at Chicago.

Name of Student attend the Camp: _____

Parent/Guardian Signature: _____

Date: _____

Medical Wavier

As a parent or guardian, I understand that if a serious illness/injury develops, medical or hospital care will be sought. I further understand that in case of serious illness/injury, I will be notified. However, if it is impossible to contact me, I give my permission for medical treatment, as recommended by an attending physician.

I approve the release of medical information to Titan Strength and Conditioning LLC, the UIC Sports Medicine Staff and any treating physician.

I approve the release of insurance information to the health care provider (doctor/hospital of my child).

I approve the health care provider to release information to the insurance company.

I approve benefits from my insurance are payable to the health care provider.

Name of Student attend the Camp: _____

Parent/Guardian Signature: _____

Date: _____