[](http://www.google.com/url?sa=i&rct=j&q=barbell&source=images&cd=&cad=rja&docid=29P4mSABfrV8_M&tbnid=ex5CD7ZXz1BBFM:&ved=0CAUQjRw&url=http://www.crossfitoakland.com/archive/200704&ei=-Y4tUfa9Io3TqQG19oGABQ&bvm=bv.42965579,d.aWM&psig=AFQjCNG4mUT8NgqWOlSL-4Vy18F-LmEFHA&ust=1362026505804702)

**HUSKIES GIRL POWER**

**GRADES 10-12**

**SUMMER STRENGTH & CONDITIONING**

**2018**

**MONDAY / WEDNESDAY / FRIDAY**

**9:45-11:00 / 7:00-8:15 / 9:45-11:00**

**JUNE 11 1ST DAY OF TRAINING 9:45 AM OHS wrestling/wt. Rooms**

**JULY 2 – JULY 6 MSHSL BLACK-OUT DATE NO TRAINING!!**

**JULY 9 RESUME TRAINING 9:45 AM OHS**

**AUGUST 3 LAST DAY OF TRAINING (10-12) 9:45 AM OHS**

* ***THERE WILL BE NO PRE / POST-TESTING!!***

**NOTE:** There is no need to inform me if you are unable to make a session(s), (ex. ill, vacation, etc.) attendance will not be taken. The first 20-30 minutes of each workout will be focused on flexibility, balance, foot speed/quickness, change of direction, core stability and explosion; the following 45+ minutes will be developing Power/Strength/Endurance through various lifts and exercises in the weight room. Developing proper lifting technique will be emphasized. Session limited to the first 50 registrants. **DEADLINE: May 18, 2018** (The cost after deadline is $95.00) NO REFUNDS.

REGISTRATION FORM – HUSKIES GIRL POWER

Athlete’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade fall of 18’\_\_\_\_\_\_\_\_ Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Women’s t-Shirt size:\_\_\_\_\_\_\_\_\_ Emergency #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Make $85.00 check payable to Jerry Eggermont and return with registration form to: 1115 Esther Lane Owatonna MN 55060 or drop of at OHS Wt. Rm.**

In consideration of your accepting this entry, I hereby, for myself, my heirs, executors, and administrators, waive any and all rights and claims for damages I may have against Jerry Eggermont and the Owatonna Public Schools, their representatives, successors, and assigns for any and all injuries suffered by me or my child while a participant or spectator at the activity indicated above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date