



# KLEIN OAK

ATHLETIC DEPARTMENT

## SUMMER 2009 ADVANCED STRENGTH & CONDITIONING

### Weekly Sessions Include:

Speed Development  
Strength Development  
Ply metrics/Bounding  
Joint Stabilization  
Flexibility Exercises  
Strength Endurance  
Cardiovascular Endurance  
Agility Running  
Abdominal Circuit  
Olympic Lifts  
Sports Specific Lifts



State of the Art  
4,000 Square Foot  
Weight Room

For More Information Call:

**KLEIN OAK HIGH  
SCHOOL**  
Athletic Office:

**832-484-4801**

**Date: June 8th—July 23th  
Monday—Thursday**

**Session Time: 7:30 AM—9:30 AM**

**Session Time: 9:30 AM—11:30 AM**

**Choose One Session**

**FEE: \$125.00**  
**Strength & Conditioning**  
**Klein Oak Weight Room**

**Participants: Students Grades 9—12,  
As of September 2009**

**All blanks MUST be filled out. Please  
print in Black Ink Only.**

**Student Name:** \_\_\_\_\_

**Grade in Sept. 2009:** \_\_\_\_\_

**KLEIN INDEPENDENT SCHOOL DISTRICT  
KLEIN OAK STRENGTH & CONDITIONING CAMP  
JUNE 8—THRU JULY 23 (Monday—Thursday)**

**Amt. \$125.00  
If Applicable Check # \_\_\_\_\_**

**Name:** \_\_\_\_\_ **Ph.#** \_\_\_\_\_ **Wt.:** \_\_\_\_\_ **Age:** \_\_\_\_\_

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

**Present School** \_\_\_\_\_ **School Sept. 2009** \_\_\_\_\_ **Grade Sept. 2009** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

*(Circle One)*

**Session 1: 7:30—9:30 AM**

**Session 2: 9:30—11:30 AM**

**T-Shirt Size S M L XL**

***MAKE CHECKS PAYABLE TO KLEIN I.S.D. Camp Fee: \$125 Must accompany application***

**MAIL COMPLETED APPLICATIONS TO: KLEIN OAK/ATHLETIC DEPT.  
Or return to Klein Oak Athletic Office 22603 Northcrest Dr., Spring, TX 77389**

**KISD WAIVER**

I, the undersigned, being the individual, spouse, or legally authorized and qualified guardian of \_\_\_\_\_ agree to hold Klein Independent School District, 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 herewith 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 \_\_\_\_\_ Phone \_\_\_\_\_

**REQUIRED EMERGENCY INFORMATION**

**Name of Parent or Guardian:** \_\_\_\_\_

**Father's place of employment:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Mother's place of employment:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Family Physician:** \_\_\_\_\_ **Office #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Emergency#:** \_\_\_\_\_

List the name of a neighbor or relative who can be contacted if parent or guardian cannot be reached.

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Insurance policy with:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

***INCOMPLETE APPLICATIONS WILL BE RETURNED***