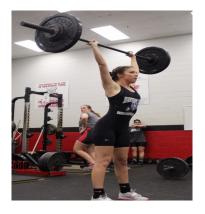
#### **CAMP STAFF**

**Bartram Trail Coaches.** 

Athletes will receive instruction from USA weightlifting certified coaches.

Safety will be stressed at all times.









Bartram Trail High School 7399 Longleaf Pine Parkway St Johns, Florida 32259

Phone: (904)547-8340

Fax: (904)547-8359

Email: Ronald.Reagan@stjohns.k12.fl.us

### BARTRAM TRAIL



Camp

When:

June 6th - July 27th, 2017 Mon, Tues, Wed, & Thursday 1PM - 3PM

Where:

**BTHS WEIGHTROOM** 

Who:

Rising 9th - 12th Graders

# **Daily Schedule**

- CNS Activation—warm up
- Bar mobility
- GPP [General Physical Preparation]
- Olympic Lifts [Snatch / Clean&Jerk]
- Auxiliary progressions
- Cool down Stretches





## **Location**

### BARTRAM TRAIL WEIGHTROOM

### **Schedule**

Sessions will be offered

M, T, W & THURS: 1:00PM -3:00 PM for rising 9th—12th Graders

For optimal athletic gains athletes should attend 4 sessions per week

## **What to Bring**

Campers should wear workout clothes (T-shirt, shorts, athletic and lifting shoes, etc.).

## **Physicals/Permission**

Every participant must have a current athletic Physical, Parent Permission form, and Heat/Concussion form on file w/ BT Athletics.

#### **Registration Form**

Name:

	Parent/Guardian Name(s):
	Address:street
	Phone: ()
ла теturn with раушент)	CAMP COST: \$100 for the entire summer The camp fee may be paid by cash, check, or online. Please make checks payable to Bartram Trail High School.  Method of Payment  Check (#)
	Disclaimer: I as a parent/guardian, hereby give permission for my child to participate in Strength Camp. I acknowledge the fact that she is physically able to participate in camp activities. I authorize the directors of the camp to act for me according to their best judgment in any emergency requiring medical attention. I acknowledge that I will be responsible for any cost (through family medical insurance or otherwise) due to sickness or injury to my daughter. I hereby waive any claim I might have against the Strength Camp and the institution providing the facilities.
	Parent/Guardian Signature Date