CAMP STAFF

Bartram Trail Coaches.

Athletes will receive instruction from USA weightlifting certified coaches.

Safety will be stressed at all times.



Savannah Parker 2018 State Medalist



2018 District Champions

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



SUMMER CAMP

When: June 4th - July 26th, 2018

Mon, Tues, Wed, & Thursday

10AM - 12PM

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



<u>Location</u>

Bartram Trail Weightroom

<u>SCHEDULE</u>

TRAINING SESSIONS

MONDAY TO THURSDAY

10:00 AM- 12:00 NOON

What to Bring

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

Physicals/Permission

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

Registration Form

1	Name:		
I	Parent/Guardian Name(s)):	
	Address:		
			zip code
(Detach along line and return with payment)	Grade fall '18:	Date of Birth:_	/
	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. *** All participants must have a current physical *** Method of Payment Check (#)		
	Cash Cash		
	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 fami medical insurance or otherwise) due to sickness or injury to my daughter. hereby waive any claim I might have against the Strength Camp and the institution providing the facilities.		
	Parent/Guardian Signatu	ire / Da	/