

# **SMS SUMMER IRON**

The SMS Weights and Conditioning Camp is designed to help students improve their overall physical well-being and strength. They will be educated on proper weight lifting techniques and ways to improve their form and physique.

**Fee: \$60 Until May 23, \$70 May 24 to May 28.**

**TIMES AVAILABLE:** 8:00, 8:30, & 9:00. One-hour session. Groups will begin between 8:00 and 9:00, and the last group will be finished by 10:00. If groups are small/esp large, the start/end times will be subject to change, as more times may be removed/added.

**GRADES:** Ladies and Men entering grades 7<sup>th</sup> or 8<sup>th</sup> grade next year

**DATES:** May 29 thru June 14. The camp will run from Monday to Thursday, except for the week of Memorial Day when camp will go from Tuesday to Friday.

Please contact Mr. Harris at 969-7242 (call/text) with questions, or E-mail him at [sharris@usd345.com](mailto:sharris@usd345.com).

**Make checks payable to Sean Harris. Contact me for PayPal.**

**RETURN REGISTRATION FEE and RELEASE TO SMS OR  
TO COACH HARRIS**

(Early registration is suggested due to limited number of participants) **Early Deadline: May 14**

Name: \_\_\_\_\_ Parent E-Mail : \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

T-SHIRT SIZE ADULT: SM \_\_\_\_\_ MD \_\_\_\_\_ LG \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_

Make checks payable to: Sean Harris

**RELEASE FORM**

We/I the parent/s or guardian/s of \_\_\_\_\_ authorize the staff of the SMS WEIGHTS AND CONDITIONING camp to act according to their best judgment in any medical emergency. We release SMS and it's WEIGHTS AND CONDITIONING camp staff from any and all liability for any injury or illness incurred as a result of attendance at this camp and we/I assume full responsibility for payment of all medical expense that might occur as result of her/his participation. We/I grant permission for her/him to participate in the camp and acknowledge the fact that she/he is physically able to participate in the camp activities.

**ANY MEDICAL CONDITIONS:**

\_\_\_\_\_

Parent/Guardian: Contact Phon#: \_\_\_\_\_ MOBILE/TEXT # \_\_\_\_\_  
Preferred Contact Method: Call Text

**EMERGENCY CONTACT PERSON OTHER THAN PARENT/GUARDIAN:**

NAME: \_\_\_\_\_ NUMBER: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: x \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE CIRICLE AND NUMBER THE CHOICES OF THE TIMES THAT  
WOULD BE BEST FOR YOUR CAMPER – I WILL TRY TO  
ACCOMMODATE THEM WHENEVER POSSIBLE. FIRST PREFERENCE  
WILL BE GIVEN TO REGISTRATIONS RECEIVED FIRST.**

8:00-9:00

8:30-9:30

9:00-10:00