

Oregon State Sports Performance



Beaver Summer Developmental Camp

Where: Sports Performance Center

Tuition: 8 weeks \$220

Make Checks Payable To: **OREGON STATE PERFORMANCE CAMPS**

For **CREDIT CARDS** visit www.beaverperformance.com and click 2010 Performance Camps

MAXIMUM NUMBER OF ATHLETES: 100

For more information contact:

timothy.rabas@oregonstate.edu

541-207-2634

Tuition Includes: Instruction of proper training techniques and use of OSU athletic facilities and liability insurance.

Coaches:

Timothy A. Rabas CSCS USAW: Oregon State University Sports Performance Coach
 Brendon C. Ziegler CSCS, USAW: Oregon State University Sports Performance Coach
 Clete M McLeod MS CSCS USAW USTF: Oregon State University Sports Performance Coach

OUR GOAL FOR YOU

Provide a safe fun training atmosphere!

To provide properly supervised training to meet the competitive demands of interscholastic sport.

Reduce the occurrence of injury as well as increase individual athletic performance through:

- x Thorough dynamic warm-up emphasizing flexibility and increased joint range of motion.
- x Progressive core training of abdominals, lower back, and hips.
- x Ground based free weight training with a focus on functional strength and power development.
- x Proficient use of Olympic weight training.
- x Introduction to Acceleration/Change of direction training
- x Practical conditioning at every session

WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6	WEEK 7	WEEK 8
Session 1 21-Jun 600 pm	Session 4 28-Jun 600 pm	Session 7 5-Jul 600 pm	Session 10 12-Jul 600 pm	Session 13 19-Jul 600 pm	Session 16 26-Jul 600 pm	Session 19 2-Aug 600 pm	Session 22 9-Aug 600 pm
Session 2 22-Jun 600 pm	Session 5 29-Jun 600 pm	Session 8 6-Jul 600 pm	Session 11 13-Jul 600 pm	Session 14 20-Jul 600 pm	Session 17 27-Jul 600 pm	Session 20 3-Aug 600 pm	Session 23 10-Aug 600 pm
Session 3 24-Jun 600 pm	Session 6 1-Jul 600 pm	Session 9 8-Jul 600 pm	Session 12 15-Jul 600 pm	Session 15 22-Jul 600 pm	Session 18 29-Jul 600 pm	Session 21 5-Aug 600 pm	Session 24 11-Aug 600 pm

Name of Camper: _____ Age: _____ Phone #: _____
 Address: _____ City: _____ State/Zip: _____
 Email: _____

Parental/Guardian Release and Information

Medical Information

Any known Allergies, Injuries or Disabilities: _____

Medications Camper will bring: _____

Participant's Physicians Name: _____

Phone Number: _____

Physician Address: _____

Date of last Tetanus Booster: _____

Insurance Information

Insurance Company: _____

Phone Number: _____

Policy Holders Name: _____

Policy Number: _____

Group Number: _____

Emergency Information

Emergency Contact #1 _____

Relationship: _____

Contact Number: _____

Emergency Contact #2 _____

Relationship: _____

Contact Number: _____

Parental/Guardian Release

1. Give permission to the above camper to attend and participate in the Oregon State University (OSU) Sports Camp referenced above.
2. Give permission to the camp staff to render preventative, first aid or emergency treatment, or all of the forgoing, necessary to the campers health and well being, in the event of serious injury/illness, the need for major surgery, or significant accidental injury, I understand an attempt will be made by the camp staff to notify the designated emergency contacts as soon as possible. If the camp staff is unable to communicate with me the treatment deemed necessary for the camper's well-being may be given.
3. Certify that, to the best of my knowledge, the medical information requested above is complete and correct, and that no health related situations preclude campers participation in camp activities.
4. Agree to assume all risks arising from the camper's participation in camp activities, including but limited to any activities that may present risk of bodily injury.
5. Agree to save, hold harmless, discharge and release OSU for any and all liability, claims, causes of action, damages, or demands in connection with camper participation in camp activities including transportation to, at, or from camp activities.
6. Understand that any medical expenses for the Camper's health and well-being will be the responsibility of the parent/guardian.
7. Agree to accept any decisions made by the Camp Director in the termination of camp attendance due to unacceptable or unsafe behavior and agree to forfeit reimbursement of any camp fees and pay any associated costs relative to the decision.
8. Authorize the camp staff to administer medications to my child (as prescribed by physician) as indicated on this form
9. Certify that I am the camper's parent or legal guardian. On behalf of myself and my spouse, partner, co-guardian or any other person who claims the participant as a dependent, I have read above Parental Guardian Release and Information. I understand the contents of this Parental Guardian Release and Information, assent to its terms and conditions, and sign it of my own free act.

Name of Parent or Guardian _____

Signature of Parent or Guardian _____

Date _____

RETURN REGISTRATION TO:
 Oregon State S&C Athletic Performance Camp
 2737 SW Ralph Miller Lane
 Corvallis, OR 97331
www.beaverperformance.com