

# Oregon State Sports Performance



## Beaver Spring Developmental Camp

Where: Sports Performance Center

**Tuition: 8 weeks \$216**

Make Checks Payable To: OREGON STATE PERFORMANCE CAMPS

For **CREDIT CARDS** visit [www.beaverperformance.com](http://www.beaverperformance.com) and click 2010 Performance Camps

MAXIMUM NUMBER OF ATHLETES: 75

For more information contact:

[timothy.rabas@oregonstate.edu](mailto: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
<b>Session 1</b> 5-Apr 630 pm	<b>Session 4</b> 12-Apr 630 pm	<b>Session 7</b> 19-Apr 630 pm	<b>Session 10</b> 26-Apr 630 pm	<b>Session 13</b> 3-May 630 pm	<b>Session 16</b> 10-May 630 pm	<b>Session 19</b> 17-May 630 pm	<b>Session 22</b> 24-May 630 pm
<b>Session 2</b> 7-Apr 630 pm	<b>Session 5</b> 14-Apr 630 pm	<b>Session 8</b> 21-Apr 630 pm	<b>Session 11</b> 28-Apr 630 pm	<b>Session 14</b> 5-May 630 pm	<b>Session 17</b> 12-May 630 pm	<b>Session 20</b> 19-May 630 pm	<b>Session 23</b> 26-May 630 pm
<b>Session 3</b> 8-Apr 630 pm	<b>Session 6</b> 15-Apr 630 pm	<b>Session 9</b> 22-Apr 630 pm	<b>Session 12</b> 29-Apr 630 pm	<b>Session 15</b> 6-May 630 pm	<b>Session 18</b> 13-May 630 pm	<b>Session 21</b> 20-May 630 pm	<b>Session 24</b> 27-May 630 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](http://www.beaverperformance.com)