

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 and click 2010 Performance Camps

MAXIMUM NUMBER OF ATHLETES: 75

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 5-Apr 630 pm	Session 4 12-Apr 630 pm	Session 7 19-Apr 630 pm	Session 10 26-Apr 630 pm	Session 13 3-May 630 pm	Session 16 10-May 630 pm	Session 19 17-May 630 pm	Session 22 24-May 630 pm
Session 2 7-Apr 630 pm	Session 5 14-Apr 630 pm	Session 8 21-Apr 630 pm	Session 11 28-Apr 630 pm	Session 14 5-May 630 pm	Session 17 12-May 630 pm	Session 20 19-May 630 pm	Session 23 26-May 630 pm
Session 3 8-Apr 630 pm	Session 6 15-Apr 630 pm	Session 9 22-Apr 630 pm	Session 12 29-Apr 630 pm	Session 15 6-May 630 pm	Session 18 13-May 630 pm	Session 21 20-May 630 pm	Session 24 27-May 630 pm

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 foregoing, necessary to the campers health and well being, in the event of serious injury/illness, 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 do so, the treatment deemed necessary for the campers 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 campers participation in camp activities, including but not 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, but not limited 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 expenses 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 and agree to the 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