



KLEIN OAK

ATHLETIC DEPARTMENT

**Teams up with
Doerre,
Hildebrandt &
Krimmel
Intermediate**

SUMMER 2010 ADVANCED STRENGTH & CONDITIONING

Weekly Sessions Include:

- Speed Development
- Strength Development
- Ply metrics/Bounding
- Joint Stabilization
- Flexibility Exercises
- Strength Endurance
- Cardiovascular Endurance
- Agility Running
- Abdominal Circuit
- Olympic Lifts
- Sports Specific Lifts



**State of the Art
4,000 Square Foot
Weight Room**

Summer Strength & Conditioning Calendar

- Week 1—June 7th—10th
- Week 2—June 14th—17th
- Week 3—June 21st—24th
- Week 4—July 5th—8th
- Week 5—July 12th—15th
- Week 6—July 26th—29th

For More Information Call:

**KLEIN OAK HIGH
SCHOOL
Athletic Office:
832-484-4801**

**Date: June 7th—July 29th
Monday—Thursday
(See Calendar on the left)**

- Session I Time: 7:30 AM—9:30 AM
11th & 12th Grade**
- Session II Time: 9:30 AM—11:30 AM
9th & 10th Grade**
- Session III Time: 11:30 AM—1:30 PM
7th & 8th Grade**

Choose One Session

**FEE: \$125.00
Strength & Conditioning
Klein Oak Weight Room**

**Participants: Students Grades 7—12,
As of September 2010**

Student Name: _____

Grade in Sept. 2010: _____

All blanks MUST be filled out. Please print in Black Ink Only.

**KLEIN INDEPENDENT SCHOOL DISTRICT
KLEIN OAK STRENGTH & CONDITIONING CAMP
JUNE 7—THRU JULY 29 (Monday—Thursday)**

**Amt. \$125.00
If Applicable Check # _____**

Name: _____ **Ph.#** _____ **Wt.:** _____ **Age:** _____

Home Address: _____

Present School _____ **School Sept. 2010** _____ **Grade Sept. 2010** _____

E-mail Address: _____

(Circle One)

Session I: 7:30—9:30 AM **Session II: 9:30—11:30 AM** **Session III: 11:30—1:30 PM**
11th & 12th Grade **9th & 10th Grade** **7th & 8th Grade**

T-Shirt Size S M L XL

MAKE CHECKS PAYABLE TO KLEIN I.S.D. Camp Fee: \$125 Must accompany application

MAIL COMPLETED APPLICATIONS TO: KLEIN OAK/ATHLETIC DEPT.
Or return to Klein Oak Athletic Office 22603 Northcrest Dr., Spring, TX 77389

KISD WAIVER

I, the undersigned, being the individual, spouse, or legally authorized and qualified guardian of _____ agree to hold Klein Independent School District, it's Board of Trustees, administration, and/or faculty, harmless from all liability for any injuries which my son/daughter may receive while participating in any recreational activities or utilizing the Klein School District facilities. I herewith authorize the athletic director, coach, and/or district employee to secure medical services for any family member if necessary, and I agree to pay, either directly or through my own personal health and accident insurance policy, all medical costs.

_____ **Date** _____ **Signature of parent or legal guardian**

_____ **Street Address of parent/legal guardian** _____ **City/State** _____ **Zip** _____ **Phone**

REQUIRED EMERGENCY INFORMATION

Name of Parent or Guardian: _____

Father's place of employment: _____ **Phone:** _____

Mother's place of employment: _____ **Phone:** _____

Family Physician: _____ **Office #:** _____

Address: _____ **Emergency#:** _____

List the name of a neighbor or relative who can be contacted if parent or guardian cannot be reached.

Name: _____ **Phone:** _____

Insurance policy with: _____ **Policy #:** _____