

# *Sports Summer Strength and Agility Program 2020*



When: M, T, Th June 1st - July 30 (7weeks)

## **Time:**

8:00am-10:00am (All Male Athletes)

10:00am-12:00pm (All Female Athletes)

**Where:** BHS Weightroom, Aux Room and Recht Field

**Cost:** \$200 Per athlete. **If you play Football see Coach Bishop before paying**

**What:** Top of the line training. Each athlete will be enrolled into a state-of-the-art App that they can use daily. The App Teambuildr is used by many of the top programs around the nation. Each athlete is enrolled into the program where they will not only get sport specific training but also position specific training. The App will be managed by Coach Bishop and shared with all Head Coaches.

**Why:** It is VITAL that we as a school do whatever it takes to get to the next level. The summer program is built to build athletes to reduce injury and give each student an opportunity to compete at a high level.

**Who:** Any and all student athletes that are interested in taking their game to the next level.

If you have any questions please feel free to contact Coach Bishop at [ryan.bishop@bvsd.org](mailto:ryan.bishop@bvsd.org) or 720-837-8665

# *Sports Summer Strength and Agility*

## *Program 2020*

The BHS strength and conditioning program is offered to all Boulder high school athletes including incoming freshmen through seniors over the summer months. We offer many different programs to meet the needs of all of our student-athletes based upon ability, age and commitment level. We will use the State-of-the-art program Teambuildr that breaks the workouts into sport, position, and person specific. The goal of our strength and conditioning program is to provide student-athletes the best opportunity to improve their athletic performance over the summer months and to decrease injuries during athletic competition. Athletes will train safely, consistently, sensibly, and be motivated by other teammates as well as by members of the Panthers coaching staff.

Program Staff:

The summer weights program will be run by Coach Bishop with other head coaches and assistant coaches from other BHS programs.



June 1st - July 30th(8weeks) **Monday, Tuesday, Thursday**

8:00am-10:00am (Male)

10:00am-12:00pm (All Female Athletes)

Dates off

June 28th -July 5th

All sessions are weekly Monday, Tuesday and Thursday. If a time conflict arises please contact Coach Bishop at 720-837-8665 or email [ryan.bishop@bvsd.org](mailto:ryan.bishop@bvsd.org).

The Boulder Strength & Conditioning programs goal is to ensure that the benefits that they gain from the program are life long. Our hope is that every athlete that passes through our program, gains the knowledge of a good and healthy lifestyle to help them become better students, athletes, and members of society. **The cost of the program will be \$200 for the entire summer for all participants. Payments accepted in person or online with RevTrack on the BHS student store under summer strength and conditioning.** Please make checks out to Boulder High School. You may access this by clicking on Strength and Conditioning link underneath the Athletics & Activities tab on the BHS website.

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## **How to Pay and Register Online:**

1. Go to <https://boh.bvsd.org/>
2. Click Athletics and Activities tab at the top of the page. <http://www.bhs-athletics.org/>
3. Click Registration and Fees at the top of the page.  
<https://boh.bvsd.org/athletics/Pages/Registration-Fees.aspx>
4. Click Registration and fees again at the middle of the page.  
<https://boulderhighschool.revtrak.net/Athletic-Register-Fees/>
5. Then you will need to sign in or create an account. Follow the prompts to do so.
6. Then under browser click team sports.  
<https://boulderhighschool.revtrak.net/Team-Sports#/list>
7. Click All Sports. <https://boulderhighschool.revtrak.net/Team-Sports/all-sports#/list>
8. Click on the BOULDER HIGH SCHOOL SUMMER WEIGHTS AND CONDITIONING tab  
<https://boulderhighschool.revtrak.net/Team-Sports/all-sports#/v/boulder-high-school-summer-weights-and-conditioning>
9. Pay and Check out.

You can skip the first 7 steps if you just enter the URL from step 8

If you have any questions please contact Ryan Bishop @ [ryan.bishop@bvsd.org](mailto:ryan.bishop@bvsd.org) or 720-837-8665

Student Information:

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## *Program 2020*

Name: \_\_\_\_\_ Gender: (  M or  F )

Home phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Student's D.O.B.: \_\_\_\_\_ Student's Age: \_\_\_\_\_ Shirt size \_\_\_\_\_

Student grade level 2018/19 School Year (9-12) \_\_\_\_\_

Sports participated in: Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian (P/G) Name(s): \_\_\_\_\_ Best Contact #: \_\_\_\_\_

Payment Made: \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ RevTrack

Emergency contact name: \_\_\_\_\_ Emergency phone number \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Emergency phone number \_\_\_\_\_

Consent form along with fee must be turned in to BHS office or Coach Bishop prior to participation. Please Staple checks to consent form or put in envelope with athletes name or pay online through RevTrak on the BHS school store. THANKS! Student can not start to train without the proper paperwork.

Name of Insurance Company: \_\_\_\_\_

Group/ID#: \_\_\_\_\_

List two LOCAL people who will temporarily care for your student if you cannot be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Family

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_

HEALTH INFORMATION: List any significant or ongoing health conditions relevant to school or athletics (severe allergies / epipen, asthma , A.D.D., birth defect, diabetes, epilepsy, heart disease, vision or hearing problem, medications, etc.) I hereby give my consent for medical treatment deemed necessary by physicians for any illness or injury resulting from his/her athletic participation. I understand this authorization will only be enforced when I cannot personally be contacted and provide for immediate treatment. PLEASE LIST IN THIS SPACE BELOW

**PLEASE RETURN THIS TO COACH BISHOP PRIOR TO THE FIRST DAY OF WORKOUTS.**

**No student can participate without this form.**

(PARENT/GUARDIAN SIGNATURE) (DATE) Off Season Activity Athletic Insurance Waiver

If you have any questions please feel free to contact Coach Bishop at  
[ryan.bishop@bvsd.org](mailto:ryan.bishop@bvsd.org) or 720-837-8665

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I understand that the Boulder Valley School District does not provide accident insurance for any student participating in summer camps or any other school activity.

**PLEASE RETURN THIS TO COACH BISHOP PRIOR TO THE FIRST DAY OF WORKOUTS.**

**No student can participate without this form.**

CHECK ONE:

I have other insurance coverage.

OR

I do not have insurance and I will assume responsibility for payment of expenses incurred in the event of injury to my son/daughter.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(parent/guardian) Parent Permission Form

**\*\* WARNING:** By its nature, participation in off season conditioning/camps/clinics includes a risk of injury, this may range in severity from minor to long-term catastrophic. Although serious injuries are not common in supervised sports activities, it is impossible to eliminate this risk. Participants can and have the responsibility to help reduce the chance of injury. Players must (1) obey all safety rules, (2) REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, and (3) inspect their equipment daily. By signing this Permission Form, we acknowledge that we have read and understand this warning. PARENTS AND/OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.

I hereby give my consent for \_\_\_\_\_ to participate off season activities including open gyms, conditioning, camp or clinics for sports including: baseball, basketball, cross country, football, golf, gymnastics, lacrosse, skiing, swimming, tennis, track and field, cheerleading, dance team, wrestling, volleyball, soccer, softball.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(parent/guardian)

**PLEASE RETURN THIS TO COACH BISHOP PRIOR TO THE FIRST DAY OF WORKOUTS.**

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