

2023 Summer Strength & Conditioning

The Johnson City ISD Coaching Staff & Shields Strength is excited about the opportunity to work with OUR athletes this summer during our Strength & Conditioning Workouts.

Information

Monday - Thursday

8:00 am – 9:15 am <u>HIGH SCHOOL</u> incoming (9th- 12th) Strength & Conditioning 9:30 am – 10:45 am <u>MIDDLE SCHOOL</u> incoming (7th & 8th) Strength & Conditioning *Sports Specific Training – will follow S&C Workouts* Dates & Times will be communicated via SportsYou

Dates

Week # 1 – June 5th – June 8th
Week # 2 – June 12th – June 15th
Week # 3 – June 19th – June 22nd
Week # 4 – June 26th – June 29th
CLOSED – July 3rd – 6th
Week # 5 – July 11th – July 14th
Week # 6 – July 18th – July 21st
Open Weight Room
May 30th – June 1st
July 24th – July 27th

Where: HS Field House / Stadium – *HS/MS Gyms as designated What to Bring: Shorts, T-Shirt, Running Shoes/Cleats, & Water

Cost: \$100.00 – Cash or Check (Pre-Registration \$75.00) *checks payable to Johnson City ISD Athletics*

Enrollment: Bring Registration & Payment to **High School Office** or 1st Attended Workout.

For more information contact:

Head Football Coach/Athletic Director - Nelson Kortis Phone: (830) 868-4028 ext 1200 Email: nkortis@jcisd.txed.net

Registration

Athlete Name:	Grade:	Shirt Size:
My child has my permission to attend the 2023 Johnson City ISD S&C/Shields Strength. I certify that they are physically able to participate without restriction. In the event of an emergency in which my child requires medical care; I hereby authorize the Johnson City ISD/Shield Strength staff to act for me and to obtain for them whatever medical treatment is deemed necessary. I consent to such treatment and will be responsible for any medical or other charges in connection with their attendance at the camp. I acknowledge they may incur a risk of injury. I specifically waive, give up and release the 2023 Johnson City ISD/Shields Strength from liability for any claim for damages, which my child or I may have for injuries or illness that they may sustain.		
Parent Name:	Signature:	
Emergency Contact Information		
Parent/Guardian #1:	Phone:	
Parent/Guardian #2:	Phone:	