

2023



Strength and Conditioning Camp

FOR ATHLETES ENTERING GRADES 7-12 2023-2024

Week ONE: June 5th-8th 9:30 am-11:30 am

Week TWO: June 12th-15th 9:30 am-11:30 am

Week THREE: June 26th-29th 9:30 am-11:30 am

Week FOUR: July 17th-20th 9:30 am-11:30 am

COST

The cost of the camp is \$30.00 per camper FOR ALL GRADES for EACH WEEKLY SESSION.

Campers who register for 3 or more weeks will receive a camp T-Shirt on July 20th.

Any week that has less than 10 registered campers will be canceled, and money refunded.

APPLICATION: Complete the application form & mail it or drop it off to the High School Main Office with your payment or scan the QR code and complete it online. Please make checks payable to **Southern York County School District** and mail them to:

Kallie Heiges
Susquehannock High School
3280 Fissels Church Road
Glen Rock, PA 17327

NOTE: Please mail the application form, but you can pay on the day of camp.

Camp will be held in the weight room and front grass field (indoor gyms, weather dependent) on the Susquehannock High School campus & is designed to help participants learn how to lift properly & improve strength & speed. Campers should report to the **Main Office Entrance of the High School** for camp each day. Camp is under the direction of Susquehannock Athletic Trainer, Kallie Heiges (Questions: Kallie.heiges@sycsd.org) & Joe Sorice, Health & Phys Ed Teacher, Head Varsity Football Coach (Questions: joseph.sorice@sycsd.org). Camp is designed to be instructional & fun.

CAMP APPLICATION AND EMERGENCY INFORMATION FORM

NAME: _____

GRADE ENTERING NEXT YEAR (2023-2024): _____

HOME ADDRESS: _____

PHONE: _____

EMAIL ADDRESS: _____

PARENT/GUARDIAN NAME: _____

MEDICAL CONCERNS: _____

Circle Weeks You Will Attend:

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Week TWO: **June 12th-15th** 9:30 am-11:30 am

Week THREE: **June 26th-29th 9:30 am**-11:30 am

Week FOUR: **July 17th-20th** 9:30 am-11:30 am

*Campers who register for 3 or more weeks will receive a camp T-Shirt on **July 20th**.*

NOTE: The cost each week is \$30 – If signing up for all four weeks, the cost will be \$100.

TO WHOM IT MAY CONCERN – I AUTHORIZE THE PERMISSION OF MEDICAL TREATMENT TO MY CHILD IN THE EVENT OF EMERGENCY TRAUMA OR CONDITION REQUIRING SUCH TREATMENT. I UNDERSTAND THE WARRIOR STRENGTH & CONDITIONING CAMP/SOUTHERN YORK COUNTY SCHOOL DISTRICT DOES NOT CARRY MEDICAL OR ACCIDENT INSURANCE.

PARENT/GUARDIAN: _____

(Signature)

DATE: _____

If registering for 3 or more weeks:

T-Shirt Size:(All sizes are Adult): XS S M L XL XXL Other_____



ONLINE REGISTRATION FORM:

