

“CONQ” FUNDAMENTAL LIFTING CAMP



HOSTED BY CABRILLO HIGH SCHOOL FOOTBALL

Contact: Coach AJ PATERAS (805) 216-5636 / aj24vta@yahoo.com

Workout Dates: 3 WEEK SESSION
April 22nd, 24th, 29th
May 1st, 6th, 8th

Time 5pm-6pm

*****WORKOUTS WILL BE HELD IN THE CABRILLO HIGH SCHOOL WEIGHT ROOM***

Age Group: 7th & 8th graders

Cost: \$30 for all 6 sessions

Attire: Athletic clothes and shoes

The Conq Fundamental Lifting Camp is designed to provide student athletes with an introduction to the fundamentals and techniques of Lifting Weights. This camp will offer each athlete an opportunity to learn speed and agility drills along with proper technique while lifting weights. Athletes will be introduced to functional movements, and strength training that are required for success as an athlete. The camp will be held at the Cabrillo High School weight room under the direction of Head Coach AJ Pateras, and Strength and Conditioning Coach Mike Tillery. All athletes will be introduced into a positive learning atmosphere to help build confidence, skills, and competitive drive.

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“CONQ” FUNDAMENTAL LIFTING CAMP

Conq Fundamental Lifting Camp Consent Form: Make Checks Payable to: Cabrillo High Football and
Mail Check & Consent Form to: Cabrillo High School c/o Cabrillo Football 4350 Constellation Rd,
Lompoc, CA 93436

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Age: _____

Current Grade: _____

School Attending: _____

Email: _____

Waiver Form and Medical Release In consideration of the Lompoc Unified School District (“District”) I hold the “District,” its board members, employees, agents, and volunteers (collectively “District”) harmless from any loss, including but not limited to, damage, liability, injury, accidental death, or expense that may arise out of my child’s participation in the football camp. I will indemnify and hold “District” harmless from and against all claims arising from my child’s participation in this Weight Lifting camp. I will pay all costs incident to any claim, including, without limitation, attorney’s fees. I expressly agree that this agreement is intended to be as broad and inclusive as permitted by the law of the State of California. I give permission for my child to be photographed and /or interviewed during their participation in the football camp. I authorize the use and reproduction by the “District” or anyone authorized by the “District” of any and all photographs and/or interviews of my child, without compensation to me/my child. All these photographs/video recordings shall be the property, solely and completely, or the “District”. I waive any right to inspect or approve the finished photographs/videotapes or printed matter that may be used in conjunction with them. In the event of sudden illness, accident, or injury which may occur while said minor is engaged in any activity during the Conq Fundamental Lifting Camp when neither parents/guardians, or designated family physician can be contacted, I hereby give my consent pursuant to California Family Code section 6910 for emergency treatment as shall be necessary under the circumstances by a physician licensed under laws of the State of California. As parent/guardian, I agree to pay any and all costs incidental to my child’s medical treatment.

Player Name: _____

Family Physician: _____

Phone: _____

Parent/Guardian Signature: _____

Date: _____

Contact Number(s): _____