SANFORD POWER SUMMER PROGRAM
ABERDEEN CENTRAL HIGH SCHOOL

PROGRAM GOALS & OBJECTIVES:
To prepare young athletes for safe competition by focusing on developing flexibility, coordination, balance, strength and speed. Training sessions will mimic the sport’s specific demands.

PROGRAM LOCATION:
Aberdeen Central High School weight room and Swisher Field

WHO CAN PARTICIPATE:
• Student athletes entering grades 6-8 are eligible to enroll in the 4-week program, which is tailored to provide foundational movement education, to help prevent future injury.
• Student athletes entering grades 9-12 are eligible to enroll in the 8-week program.

DATES & TIMES:
• Initial testing for athletes will be May 30 at the NSU Barnett Center
• Final testing will be July 31 at the NSU Barnett Center
• 4-week program for grades 6-8 runs June 4 – June 29 or July 9 – August 3
• 8-week program for grades 9-12 runs June 4 – August 3
• 4-week program do not SCORE test

REGISTRATION FEES:
4-week session
Early bird (paid by March 15): $80 After March 15: $110
8-week session
Early bird (paid by March 15): $160 After March 15: $190
Family rate for any combination of athletes/sessions:
Early bird (paid by March 15): $300 After March 15: $330

Sessions will have maximums. You will be notified if your selected session is full.

HOW TO REGISTER:
Registrations can be dropped off or mailed to
Sanford Aberdeen Medical Center
Attn: Therapies, 2905 3rd Ave SE, Aberdeen, SD 57401
Aberdeen Central High School

Athlete Name: ____________________________ Phone: ________________ DOB: ____________ Sex: M F
Grade for 2018/19 school year: ____________ T-Shirt Size: S M L XL XXL
Address: ____________________________ City: ____________ State: ____________ Zip: ____________
Parent Email: ____________________________

Session Choice [please circle]:

<table>
<thead>
<tr>
<th>Group</th>
<th>Duration (entering grades)</th>
<th>Schedule</th>
<th>M-Th</th>
<th>W</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foundations</td>
<td>4 weeks (6-8)</td>
<td>M-Th</td>
<td>12:30-1:30 p.m.</td>
<td>W</td>
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<td>Foundations</td>
<td>4 weeks (6-8)</td>
<td>M-Th</td>
<td>12:30-1:30 p.m.</td>
<td>W</td>
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<tr>
<td>Jr/Sr FB/BBB</td>
<td>8 weeks (11-12)</td>
<td>M-Th</td>
<td>7-8:30 a.m.</td>
<td>W</td>
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<tr>
<td>VB/GBB</td>
<td>8 weeks (9-12)</td>
<td>M-Th</td>
<td>8:30-10 a.m.</td>
<td>W</td>
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<tr>
<td>Fr/So FB/BBB</td>
<td>8 weeks (9-10)</td>
<td>M-Th</td>
<td>10-11:30 a.m.</td>
<td>W</td>
</tr>
<tr>
<td>XC/swim/other sports</td>
<td>8 weeks (9-12)</td>
<td>M-Th</td>
<td>11:30 a.m.-12:30 p.m.</td>
<td>W</td>
</tr>
<tr>
<td>Collegiate Athletes</td>
<td>8 weeks (grade 12 or college)</td>
<td>M-Th</td>
<td>1:30-3 p.m.</td>
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HEALTH QUESTIONNAIRE

School: ____________________________ Sport/Interest: ____________________________
Height: ____________ Weight: ____________ Health care provider/phone: ____________________________

Have you ever been diagnosed with any of the following?

___ Coronary Heart Disease ___ Heart Disease ___ Rheumatic Heart Disease
___ Stroke ___ Congenital Heart Disease ___ Epilepsy
___ Heart Murmurs ___ Diabetes ___ Hypertension
___ Cancer ___ Seizures ___ Angina

___ Other, please explain: ____________________________

Do you have any of the following? ___ Back pain ___ Joint, tendon or muscular pain ___ Lung disease

Please explain: ____________________________

Have you experienced chest pain due to physical activity? Yes No
Have you experienced chest pain within the last month? Yes No
Have you lost consciousness or fallen due to dizziness? Yes No
Are you under a doctor’s supervision for any illness or physical condition that may affect your ability to exercise? Yes No
Please explain: ____________________________

Are you pregnant? Yes No
Please list any medications you take on a regular basis: ____________________________

I hereby consent to having my child/active adult participate in the POWER Athletic Enhancement program. I understand that there are risks involved in such participation and relinquish Sanford Aberdeen and Aberdeen Public School District from all liability. If my child/active adult has a pre-existing injury or medical condition, a written clearance from our physician is required before my child/active adult can participate.

Parent’s or Guardian’s Signature [if under 18]: ____________________________

Athlete’s Signature: ____________________________