



# **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

# **POWER**

**SANFORD  
HEALTH**

# 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):

Foundations	4 weeks (entering grades 6-8) June 4 – June 29	M-T-Th W	12:30–1:30 p.m. 12–1 p.m.
Foundations	4 weeks (entering grades 6-8) July 9 – Aug 3	M-T-Th W	12:30–1:30 p.m. 12–1 p.m.
Jr/Sr FB/BBB	8 weeks (entering grades 11-12)	M-T-Th W	7-8:30 a.m. 8-9 a.m.
VB/GBB	8 weeks (entering grades 9-12)	M-T-Th W	8:30–10 a.m. 9–10 a.m.
Fr/So FB/BBB	8 weeks (entering grades 9-10)	M-T-Th W	10–11:30 a.m. 10–11 a.m.
XC/swim/other sports	8 weeks (entering grades 9-12)	M-T-Th W	11:30 a.m.–12:30 p.m. 11 a.m.–12 p.m.
Collegiate Athletes	8 weeks (entering grade 12 or college)	M-T-W-Th	1:30–3 p.m.

## HEALTH QUESTIONNAIRE

School: \_\_\_\_\_ Sport/Interest: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Health care provider/phone: \_\_\_\_\_

Have you ever been diagnosed with any of the following?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Coronary Heart Disease       | <input type="checkbox"/> Heart Disease            | <input type="checkbox"/> Rheumatic Heart Disease |
| <input type="checkbox"/> Stroke                       | <input type="checkbox"/> Congenital Heart Disease | <input type="checkbox"/> Epilepsy                |
| <input type="checkbox"/> Heart Murmurs                | <input type="checkbox"/> Diabetes                 | <input type="checkbox"/> Hypertension            |
| <input type="checkbox"/> Cancer                       | <input type="checkbox"/> Seizures                 | <input type="checkbox"/> Angina                  |
| <input type="checkbox"/> 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: \_\_\_\_\_