

# POWER SUMMER START. PERFORM. FINISH. PROGRAM

## SANFORD POWER SUMMER PROGRAM VERMILLION 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.

### **POWER PROGRAM FACILITATED BY:**

Amy Richardson, ATC  
Ryan Molencamp, PT  
USD Strength & Conditioning

### **PROGRAM LOCATION:**

Vermillion High School weight room, gymnasium and track

### **WHO CAN PARTICIPATE:**

- Student athletes entering grades 6-12

### **DATES & TIMES:**

- June 3 - July 25  
Monday - Thursday 9am - 11am / 10am - 12pm

\*No session, Thursday, July 4

### **REGISTRATION FEES:**

- \$125 Registration Deadline: June 1, 2019  
\*Program scholarships are available based on need  
Contact Amy Richardson for information

### **HOW TO REGISTER:**

Register online at: [vermillion.us/327/recreation-activities-and-registration](http://vermillion.us/327/recreation-activities-and-registration)  
OR Registrations can be dropped off or mailed to

### **Sanford Vermillion Sports Medicine**

Amy Richardson  
20 S Plum St.  
Vermillion, SD 57069

You may also return to the Vermillion High School Office

### **FOR MORE INFORMATION**

Call Amy Richardson at 605-677-9766

**IMPROVE YOUR  
PERFORMANCE**



**POWER**  
SANFORD  
HEALTH

**20  
YEARS**



# Vermillion High School



Athlete Name: \_\_\_\_\_ Phone: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: M F

Grade for 2019/2020 school year: \_\_\_\_\_ T-Shirt Size: S M L XL XXL

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Email (required): \_\_\_\_\_

Session Preference (please circle):

|                |                                |                 |            |
|----------------|--------------------------------|-----------------|------------|
| Boys and Girls | 8 weeks (entering grades 6-12) | Monday-Thursday | 9-11 a.m.  |
| Boys and Girls | 8 weeks (entering grades 6-12) | Monday-Thursday | 10-12 p.m. |

\*Athletes per session: Minimum 8 | Maximum 24

## 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 Vermillion and Vermillion High 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.

Photo Waiver/Consent Statement: I give my permission for Sanford Health and Sanford Marketing & Media relations or their representatives to use my appearance in photographs, videos, audios or any other image for promotional purposes, local media interviews or stories.

Parent's or Guardian's Signature (if under 18): \_\_\_\_\_

Athlete's Signature: \_\_\_\_\_