

# MIDDLE SCHOOL FITNESS INTRAMURAL

## Grades 6, 7 and 8

*“Prepare to Perform Your Best!”*

The Region 15 Athletic Department is offering a planned fitness program to instruct students to improve their fitness level. The purpose of the program is to teach proper weight lifting technique, build conventional and functional strength, improve cardiovascular fitness, limit risk of athletic injury, improve athletic performance and, most importantly, promote a healthy and productive lifestyle.

Through focusing on teaching the importance of athletic performance training (strength and conditioning,) participants upon will feel confident in their physical training and encouraged to exercise properly. Instruction and workouts will not be limited to specific sports but instead focus on general workouts that are applicable to all athletes of all sports and capabilities.

Goals extend to building confidence for each participant; encourage maturity, responsibility and safety.

**Fee: The fee for this 5 week session is \$25 per participant.**

**Trainer: Mr. Kevin Maxen**

**Dates: January 12<sup>th</sup> to February 13<sup>th</sup>**

**Location: Pomperaug High School Weight Room and Auxiliary Gym**

**Time: 6:00pm to 7:00pm and run 5 days a week.**

It is not mandatory that students attend every session but should try to be in attendance at least 2-3 times per week. The program is offered only to students enrolled in Region 15 schools.

Registration: Sign the consent form and complete the contact information by January 10<sup>th</sup> and send to:

Athletic Office

Pomperaug High School

234 Judd Rd.Southbury, CT 06488

- Each student must register separately.
- Make checks payable to “Pomperaug Athletics”.
- The program is open every weekday day. Athletes are encouraged to attend at least three days per week.
- Questions Call 203 262-3244.

MIDDLE SCHOOL CONDITIONING INTRAMURAL

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Sport(s) you are interested in: \_\_\_\_\_

Home Phone \_\_\_\_\_ Student Cell \_\_\_\_\_

Parent Email \_\_\_\_\_

Address \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Work Phone Number \_\_\_\_\_ Cell \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Work Phone Number \_\_\_\_\_ Cell \_\_\_\_\_

Indicate any information that you consider of importance in case of serious injury.

List any medical conditions that may effect your child's safe participation:

I agree to hold Regional School District 15 and any person connected therewith, harmless from any and all claims from bodily injury and property damage arising from the use of facilities or during the course of an activity sponsored by the above organizations. I give my permission for my child, named above to participate and understand that such activity involves the potential for injury, which is inherent in all sports, training and conditioning. Injuries are always a possibility. On rare occasions, these injuries can be so serious as to result in total disability, paralysis or even death.

\_\_\_\_\_  
Parent/Guardian Signature and date

