

BRYAN



**7-12th Grade
Vikings
Conditioning
Camp**

Dates: June 3-July 18

9-12th Times: 8-10AM

(Mon~Thurs)

CALENDAR

JUNE				
<u>3</u> WORKOUTS	<u>4</u> WORKOUTS	<u>5</u> WORKOUTS	<u>6</u> WORKOUTS	<u>7</u> NO WORKOUTS
<u>10</u> WORKOUTS	<u>11</u> WORKOUTS	<u>12</u> WORKOUTS	<u>13</u> WORKOUTS	<u>14</u> NO WORKOUTS
<u>17</u> WORKOUTS	<u>18</u> WORKOUTS	<u>19</u> WORKOUTS	<u>20</u> WORKOUTS	<u>21</u> NO WORKOUTS
<u>24</u> WORKOUTS	<u>25</u> WORKOUTS	<u>26</u> WORKOUTS	<u>27</u> WORKOUTS	<u>28</u> NO WORKOUTS
JULY				
<u>1</u> NO WORKOUTS	<u>2</u> NO WORKOUTS	<u>3</u> NO WORKOUTS	<u>4</u> NO WORKOUTS	<u>5</u> NO WORKOUTS
<u>8</u> WORKOUTS	<u>9</u> WORKOUTS	<u>10</u> WORKOUTS	<u>11</u> WORKOUTS	<u>12</u> NO WORKOUTS
<u>15</u> WORKOUTS	<u>16</u> WORKOUTS	<u>17</u> WORKOUTS	<u>18</u> WORKOUTS	<u>19</u> NO WORKOUTS



**Bryan High School Summer
Vikings Conditioning Camp**

THE BRYAN FOOTBALL COACHING STAFF INVITES ALL PARTICIPANTS IN BRYAN HS ATHLETICS TO ATTEND THE ANNUAL STRENGTH AND CONDITIONING CAMP ALONG WITH SPORT SPECIFIC SKILLS.

**Extensive Individual strength training*

**Speed and conditioning workouts*

**Typical Camp
Day**

STRETCH/WARM-UP

WEIGHTS

BREAK

CONDITIONING

SPORT SPECIFIC TRAINING

Questions: Call or Email

Coach Ricky Tullos

979-209-7990 / ricky.tullos@bryanisd.org

**What to Bring: Shorts, T-Shirts,
Tennis Shoes, Cleats, Water Bottle,
Sunscreen, Medications**

BRYAN VIKINGS
SUMMER CONDITIONING AND
SPORT SPECIFIC

WHO: BRYAN AND SFA
COACHES

WHEN: JUNE 3~JULY 18

TIME: 7-12TH GRADE

8AM~10AM

WHERE: BRYAN HIGH
SCHOOL FIELD HOUSE

COST: FREE

CAMP DIRECTOR:
COACH RICKY TULLOS
BRYAN HIGH SCHOOL
3310 OAK RIDGE DR.
BRYAN, TX 77802

PHONE: 979-209-7990

E-MAIL:

RICKY.TULLOS@BRYANISD.ORG

MAIL TO:

BRYAN HIGH SCHOOL ATHLETICS

ATTENTION: RICKY TULLOS

3310 OAKRIDGE DR.

BRYAN, TX 77802

WALK~UPS WILL BE ACCEPTED

VIKINGS CONDITIONING CAMP

REGISTRATION INFORMATION

DETACH AND MAIL WITH REGISTRATION

NAME: _____

ADDRESS: _____

CELL PHONE: _____

EMERGENCY PHONE: _____

EMAIL: _____

GRADE ENTERING 2024: _____

SPORT: _____

PLEASE CHECK ONE:

Waiver of Claims: I as a parent or guardian, hereby give permission for my child to participate in the summer strength camp and acknowledge the fact that he/she is physically able to participate in camp activities. I hereby authorize the camp staff to act for me according to their best judgment in any emergency requiring medical attention. I acknowledge that I may be responsible for any cost (through family medical insurance or otherwise) incurred due to sickness or injury to my son/daughter. I hereby waive any claim I might have against the camp, director, or the institutions providing the facilities.

This athletic camp/clinic follows guidelines set forth by Bryan ISD and the UIL.CamC29,

Parent/Guardian Signature:

X _____

MUST HAVE SIGNATURE ON FILE

