



Strength & Conditioning 2025 Summer Squad Camp June 9 – July 24

Session 1: 8 AM to 10 AMIncoming 9th -12th grade
(Male Athletes)**Session 2: 10 AM to 12 PM**Incoming 9th-12th grade
(Female Athletes)Incoming 7th-8th grade
(Male & Female Athletes)**Camp Cost \$120.00****Online pay available:****May 1- June 10 www.myschoolbucks.com****After June 10 Cash or Check payable to:****Alvin ISD Athletic Department****Sessions Monday – Thursday only****No Camp July 3; July 16-17****Conducted at SCHS****Use Kirby Entrance**

Participants will need to provide their own shorts, shirts, and shoes.

All participants must have a physical on file

Shadow Creek Summer SQUAD CAMP is for ALVIN ISD 7th-12th grade athletes desiring to improve their athletic ability. The camp will be conducted by the SCHS coaching staff along with McNair and Nolan Ryan coaching staff.

Athletes will be divided by age and grouped by ability. Beginners will learn proper weightlifting techniques. Advanced athletes will learn and perform advanced lifts. All will work on flexibility, speed and agility.

Training together with current and future teammates helps build unity and camaraderie among student-athletes. Don't miss the opportunity to get better this summer.

** Detach and return or mail bottom application *** Detach and return or mail bottom application *** Detach and return or mail bottom application***

2025 Strength Camp

NAME _____ PHONE _____

EMERGENCY CONTACT _____ RELATIONSHIP _____

HOME PHONE _____ CELL _____ EMERGENCY # _____

GRADE IN 25-26 _____ SHIRT SIZE: S M L XL XXL

MEDICAL CONSENT FORM

PARENT/GUARDIAN: I authorize the camp personnel to act for me in case of any medical emergency. I understand I am responsible for all medical fees associated with any injury that may occur. My child is physically fit to participate in any vigorous activity that might take place at Alvin ISD Sports Camps. By my signature below, I hereby release and forever discharge, and waive, any and all claims against Alvin ISD, its employees, sponsors, trustees, workers, and volunteers that relate to my election regarding and/or my child's participation in the Alvin ISD Sports Camp.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Health Insurance Co. & #