



Dear Cardinal Athlete:

First, I want to thank you for all of your hard work this year as a student-athlete for MLHS. It is a huge commitment to participate in sports while maintaining academic standards and I appreciate your efforts. I am writing to share some very important information about our upcoming **Cardinal Conditioning Program**. This program is **CRITICAL** to our success in sports as the summer is the best time to improve our physical fitness.

This year's summer conditioning program will again be led by the "U" District; a physical therapy and sports performance clinic from downtown Spokane. The U, as they call it, consists of talented professionals ranging in skill from licensed physical therapists to certified strength and conditioning specialists. In addition to training our athletes in modern strength and conditioning practices, they also take time to provide education about nutrition and leadership.

Please note the timeline below for specific information about the program:

- Friday, May 18, 2018 **Registration Opens- See Ms. Patty**

- Wednesday, May 30 **Sneak Peek Workout**
Open to all students; registration for summer program not required

- Wednesday, June 13 **Cardinal Strength and Conditioning Combine**
Registration in this program required
Time TBD
Come test your strength out on the football field
Enjoy athletic competitions, prizes, and music

- June 18-21 **1st Official Week of Cardinal Conditioning**
Monday-Thursday
8:00 AM – 9:30 AM
Meet in the auditorium on day 1, June 18

- June 25 – August 9 Weeks 2-8 of Cardinal Conditioning
Monday-Thursday
8:00 AM – 9:30 AM

Important Registration Information:

- Registration Deadline- June 8, 2018- See Ms. Patty

- Registration Fee- \$160 per student
 - **Student Responsibility- \$60** ****School Pays- \$100**
 - Scholarships available; see Mr. Blayne.

Medical Lake High School Summer Program Release Waiver

Activity/Sport: Cardinal Conditioning Program- U District
Name of event/summer opportunity: Summer Conditioning
Date Range of Activity: June 18 to August 9 Monday –Thursday 8:00 am - 9:30 am
Supervising Coaches: U District
General activities associated with this event: Strength and Conditioning
Fee: \$60.00 Checks payable to MLHS and turned in to business office by June 8th, 2018

My son/daughter _____ (student name) has my permission to participate in the activity listed above.

Parent/Guardian Name: _____ **Contact #:** _____

Emergency Contact Name _____ **Contact #:** _____

My child has the following allergies or other health problems (describe): _____

Medication: _____

Doctor's Name and Address: _____

Health Insurance Company: _____

Policy Number: _____

I understand the Medical Lake School District does not purchase or have medical/dental/hospitalization insurance to cover an injury while participating at this event.

In the event of illness or accident, I authorize the Medical Lake School District personnel responsible for this activity to approve medical emergency care.

Although I understand that the Medical Lake School district will make a reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity. With this knowledge I expressly release and hold harmless the Medical Lake school district, its employees, agents, or volunteers from any liability associated with this activity.

Signature of Parent or Guardian

Date

Grade entering fall of 2018