

# Bruin Summer Strength and Conditioning Program – 2020 Could be June 15

An 8-week supervised camp to develop strength, power/agility, and speed/flexibility. This camp is **open to all students** at Capital High School and to be freshman (**Boys or Girls**) to familiarize you with the proper weight training technique. **ALL BRUIN COACHES (BOYS AND GIRLS) WILL BE SUPERVISING AND INSTRUCTING.** A unified effort of all programs at Capital High School.

**COST OF CAMP: FREE**

**Dates – June 15<sup>th</sup>-July 31<sup>st</sup> (Monday - Friday)  
6:00 AM – 8:00 AM**

**Equipment:** Shorts or sweats, T-shirt or sweatshirt, and shoes/cleats.

**Insurance and medical care:** Campers must have current medical insurance. Coaches with experience in treating athletic injuries will be present at all sessions. Please provide your family's insurance provider on the application form.

**Coaches:** Capital High Bruin Staff. ALL COACHES FROM ALL SPORTS PROGRAMS.  
Guest Coaches currently playing college sports and ex-Bruin players.

**Cost:** FREE

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## Application Form

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**GRADE (NEXT FALL):** \_\_\_\_\_  
**PERSON TO CONTACT IN CASE OF EMERGENCY:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
**FAMILIES INSURANCE PROVIDER:** \_\_\_\_\_

I hereby register my son/daughter for the above described camp and authorize the staff to direct him in participation in camp activities. My child has no medical or emotional problems which may affect his ability to safely participate in this camp. The camp staff is authorized to attend to any health problem or injury my son may incur while attending camp. I will allow the involved hospital and/or doctor to administer the required treatment of an emergency condition. I also understand that all incurred costs are my personal responsibility and that CAPITAL HIGH SCHOOL or BRUIN CAMP does not have insurance coverage for injuries to football camp participants. Camp will provide insurance as a secondary coverage only.

**PARENT OR GUARDIAN SIGNATURE:** \_\_\_\_\_

\* **Return application form to any coach at CHS** or mail to 554 Toole Court, Helena, MT 59602. For more information call 324-2592 or 459-2802, or email at [kmihelish@helenaschools.org](mailto:kmihelish@helenaschools.org) or contact your coach at Capital High School.