

JET Physical Therapy

SPEED DEMONS-Performance Camp

DATE: June 8,10,12,15,17,19,22,24,26

GRADES: 20'-21' school year, 4rd - 8th grades boys and girls

COST: \$100 (Cash or Check)

SITE: Case Field (South 9th Ave, Washington)

TIME: 11am – 11:45am

EQUIPMENT: Athletes will need the following practice gear: appropriate work-out clothes, shoes and a water bottle cleats and track spikes are recommended but not required. Cleats and spikes will only be used on certain days. If you do not have them you do not need to buy them

PURPOSE: In this camp we work on basic fundamentals of speed, agility and vertical jump training. Focusing on: sprinting technique and fundamentals, developing linear speed through sprint training, developing agility through change of direction drills. Vertical and jump development through the use of plyometrics, jumping technique and flexibility.

SUPERVISORS: Coach James Harris, Head football, Head Strength and Conditioning, Assistant track coach for Washington High School. Matt Flotterud DC, Athletic Trainer, JET Physical Therapy.

DISCLAIMER: Due to these uncertain times every attempt will be made to make sure athletes get every session. In the event of bad weather we will move indoors or find another date. We are making every effort to comply with the rules set out by the state of Iowa and will modify our program in accordance with those rules. Please include your email and phone number so we are able to quickly update to you on any changes.

CONTACT INFORMATION: If you need to contact us, call JET Physical Therapy at 319-653-5494 Attn. Matt Flotterud or email me at matt_flotterud@jetpt.net

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Youth Athlete Summer Speed, Agility Training

June 8,10,12,15,17,19,22,24,26

NAME: _____ **GRADE 20-21' SCHOOL YEAR** _____

ADDRESS: _____

PARENT EMAIL ADDRESS _____

PARENT PHONE #: _____ **CAMP SHIRT SIZE:** (YM, YL, S, M, L, XL, 2XL, 3XL)

** I realize that with any athletic activity there is a risk of injury. I give my permission for _____ (Child's Name) to attend the "Speed Demons Performance Camp" and release the JET Physical Therapy, Washington School District and camp instructors from liability for accidents that might occur during participation in this camp.

SIGNED: _____ (Parent or Guardian's Signature) **DATE:** _____

Registration slip, along with camp fee (\$100) need to be filled out and either mailed to JET Physical Therapy, ATTN: Matt Flotterud, or brought to camp with the athlete on the first day of training. Make checks payable to JET Physical Therapy

The Magic in the Work!!!