

Summer School 2018

CARDINAL ATHLETIC PERFORMANCE

Course Title: Cardinal Athletic Performance

Target Grades: Incoming 6th-12th Grades

Schedule: Monday-Friday

Advanced Session: 6:00-8:30 AM (Mon-Thurs) 10th-12th Grade Boys

In order to be in the advanced session, you must have taken Strength & Conditioning during the school year. If you were not in the class and sign up for this session, you will automatically be put into Intermediate Session A.

Boys Intermediate Session A: 8:30-10:00 AM (Mon,Tue,Thur) 6:00-8:30 AM (Wed) Incoming 9th Grade Boys

Girls Intermediate Session B: 8:30-10:00 AM (Mon, Wed, Fri) Girl Lifters

High School Beginners Session: 10:00-11:00 AM (Mon, Wed, Fri) High School Introduction

Boys Youth Session: 10:00-11:00 AM (Tue & Thur) 6th-8th Grade Boys

Girls Youth Session: 11:00-Noon (Tue & Thur) 6th-8th Grade Girls

Cheerleaders Session: 11:00-12:30 PM (Mon, Tue, Thur) High School Cheerleaders

Dates: June 11th-July 20th

Requirements: Workout Attire, Water Bottle

Location: Fond du Lac High School Weight Room

Course Description: *Cardinal Athletic Performance* is a program designed to develop and enhance a student's explosive power and speed. The training philosophy will include a primary makeup of ground-based techniques. Most students participate in standup sports. Therefore, the training is developed to initiate exercises where the feet are on the ground. The goal of ground-based training is to improve an individual's power applied to the ground. Henceforth, during competition a participant's speed and power will be greater on account of the training principles. Several of the ground-based lifts include the squat snatch-squat, single-leg squat, deadlift, romanian deadlift, lunge, good-morning, step-up, box jump, etc. All of these exercises incorporate the necessary recruitment of many muscles and joints. The philosophy is not the isolation of muscles, but incorporation of many muscles. Not only do ground-based lifts train muscles and improve power, but ground-based lifts also improve athleticism. Flexibility, balance, injury-prevention, strength, speed & power are all characteristics that will be improved in *Cardinal Athletic Performance*. Kettlebell training is also implemented in order to coach and foster movements.

Cardinal Athletic Performance

Name: _____ Grade (2018-19 Year): _____

Mailing Address: _____

Telephone Number: _____

Please circle the session you will be joining:

Advanced- (10th-12th Grade)

Intermediate A- (9th Grade Boys)

Intermediate B- (Girl Lifters)

High School Beginner- (High School Intro)

Boys Youth- (6th-8th Grade)

Girls Youth- (6th-8th Grade)

Cheerleaders- (High School)

Please return completed forms to Ms. Alicia Schmitz in the main office at Fond du Lac High School

COMPLETION OF EMERGENCY CONTACT FORM ON BACKSIDE IS REQUIRED

FOND DULAC SCHOOL DISTRICT SUMMER SCHOOL STUDENT
EMERGENCY CONTACT AND MEDICAL INFORMATION --
ALL SUMMER SCHOOL STUDENTS MUST HAVE THIS FORM ON FILE!!

OFFICE USE ONLY
ED _____ LD _____ SL _____ CD _____
LASS INITIALS _____

Name _____
Last First Middle Initial

Birthdate: _____ School Attending 2018-2019

Address _____ Home Phone _____

Father/Guardian _____
Work Phone _____ Cell Phone _____

Mother/Guardian _____
Work Phone _____ Cell Phone _____

List 2 individuals that school personnel may contact and/or that have permission to pick up your child if parents are not available:

Name _____ Home Phone _____
Work Phone _____ Cell Phone _____

Name _____ Home Phone _____
Work Phone _____ Cell Phone _____

I/we are aware of the information on this card and authorize the release of this information to appropriate school personnel.

HEALTH INFORMATION

Does your child take daily prescription medication? Yes No

If yes, please list any medications: _____

Will your child require prescription medication during summer school hours? Yes No

If yes, a *Physician's Order for Administration of Medication* form will need to be completed. Forms are available at the website http://www.fonddulac.k12.wi.us/uploads/Physician_Order_for_Medication.doc or in your child's school office. Please call School Health Programs with questions, 906-6548.

List significant health problems or disabilities and appropriate action: (e.g. asthma, bee sting allergy, seizures, etc.)

Have you worked with a school nurse to develop a health care plan/emergency plan for this condition?
 Yes No

Physician _____ Phone: _____
Dentist _____ Phone: _____

PROCEDURES

- Procedures followed in case of illness or injury:
1. Contact Parent/Guardian
 2. Contact designated Emergency Phone Number
 3. If unable to reach above individuals and situation warrants, call ambulance/physician
 4. If severe illness or injury, call ambulance

Parent/Guardian Signature _____ Date _____

