

PHS Athlete Conditioning Clinic

STRENGTH AND CONDITIONING CLINIC THAT WILL HELP PREPARE PORTLAND HIGH SCHOOL ATHLETES FOR THE UPCOMING ATHLETIC SEASONS.

Who: Portland High School Athletes entering grades 9-12, Boys and Girls

When: Tuesdays and Thursdays · July 17 – August 15 · 10 Sessions

Time: 9:00 AM – 10:00 AM

Where: Brownstone Intermediate School Gymnasium

Cost: \$100 for 10 Sessions

***Register with Portland Parks & Recreation at <https://portland.recdesk.com> or fill out the form on the back side and mail to:**

Portland Parks and Recreation, P.O. Box 71, Portland, CT 06480

CLINIC WILL FOCUS ON THE FOLLOWING STRENGTH AND CONDITIONING COMPONENTS AND PRINCIPLES.

- DYNAMIC WARM-UP
- SPEED, AGILITY, QUICKNESS AND POWER TRAINING
- HIGH INTENSITY INTERVAL TRAINING (HIIT)
- STRENGTH TRAINING
- CARDIORESPIRATORY TRAINING
- STABILIZATION AND CORE TRAINING

CLINIC DIRECTOR: NICK OGORZALEK, OWNER OF PEAK PERFORMANCE PERSONAL TRAINING & FITNESS, LLC, NASM CERTIFIED PERSONAL TRAINER



**WWW.PEAKPERFORMANCEPTANDFITNESS.COM
WWW.FACEBOOK.COM/PEAKPERFORMANCEPTANDFITNESS
INSTAGRAM@PEAKPERFORMANCEPTANDFITNESS**

PORTLAND PARKS AND RECREATION

PO Box 71, 265 Main Street, Portland, CT 06480 Phone: 342-6757 Fax: 342-6763

www.portlandct.org

Participant's Name: _____ Phone Number: _____

Street Address: _____ Apt. #: _____ Town: _____ Zip Code: _____

Male: ___ Female: ___ Date of Birth: _____ School Grade: _____

Mother's Name: _____ Father's Name: _____

Home Number: _____ E-mail Address: _____

Mom's Work Phone: _____ Dad's Work Phone: _____

Mom's Cell Phone: _____ Dad's Cell Phone: _____

If a parent is not available:

Emergency Contact: _____ **Relationship:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Child's Physician: _____ Phone Number: _____

* If there are any medical concerns or allergies that we should be aware of, please list below:

In case of an emergency, may we transport via ambulance? Please circle: Yes No

Please list anyone who does not have permission to pick up your child (If this is a biological parent, a copy of the court order must accompany this form). _____

I give the Portland Parks and Recreation Dept. and Peak Performance Personal Training & Fitness, LLC permission to use any photographs taken during the program to be used in any advertising, i.e. web site, program literature: Yes No

	Program(s)	Date & Time	Fee
1.	_____	_____	_____
2.	_____	_____	_____
			TOTAL: _____

I hereby agree to hold harmless the Town of Portland and its agents for any accidental injury caused by participation in any Town of Portland sponsored activities. In signing this form, it is understood that Portland Parks and Recreation Department and the Town of Portland **DO NOT** assume responsibility for accidents and the participant(s) agree(s) to abide by all rules and regulations set by the Portland Parks and Recreation Department.

Parent or Guardian: _____
(Print Name) (Signature) (Date)

Participant: _____
(Print Name) (Signature) (Date)