



“EARLY EDGE”- PHASE I



BASE STRENGTH TRAINING

This is an opportunity for all Junior High School Student-Athletes (current 6th – 8th grade students) to gain the “Early Edge” in their core strength lifts. These movements set the foundation for all strength training and are imperative to any athletic skill development.

Core Strength
Flexibility
Balance / Stability

Olympic Weight Training
Traditional Weight Training
Russian Kettle bell
Training

**This session will last for 3 weeks, meeting Tuesdays, Thursdays and Saturdays
Tues. & Thurs. (5:00–6:00 pm) & Sat. (9:00–10:00 am)
in the JSerra Catholic High School Athletic Development Center**

<u>Session Fees</u>		<u>Session Dates</u>	
1 Week	\$50	Session I	Dec 2 – Dec 6
2 Weeks	\$100	Session II	Dec 9 – Dec 13
3 Weeks	\$150	Session III	Dec 16 – Dec 20

For more information please contact staff support at: theearlyedge@gmail.com

Please make checks payable to: The Early Edge
Mail to: The Early Edge
3808 Diamante
San Clemente, CA 92673

Athlete's Name: _____ Age: _____ Grade in fall 2015: _____
Parent's Name: _____ Home Phone: _____ Cell Phone: _____
Address: _____ City: _____ Zip: _____
Emergency Contact: _____ Relationship: _____ Phone: _____
Medical condition (s) we should be aware of: _____
Medical Insurance Carrier: _____ Phone: _____
Policy Number: _____ Group Number: _____

Emergency Authorization: I give permission to the medical personnel selected by the camp director to order X-rays & routine tests for my child in the event I cannot be reached in an emergency. I give permission to the physician selected by the camp director to hospitalize, secure treatment for, and to order injection and/or surgery for my child as named on the registration form. **I hereby waive and release Jim Hartigan, JSerra Catholic High School, all Early Edge staff and all JSerra Catholic High School employees** from any and all liability for any injuries or illness incurred while my child is participating in Early Edge Phase I. I will be responsible for any medical or other charges in connection with my child's attendance. I know of no medical or physical problem which may affect my child's ability to safely participate in Early Edge Phase I.

Signature of Parent/Guardian: _____ Date: _____

1 Session: (I, II, III) \$50 x # of players () =
2 Sessions: (I, II, III) \$100 x # of players () =
3 Sessions: (I, II, III) \$150 x # of players () =



All Camp Fees are NON REFUNDABLE