

Summer Pride Workouts
Attn: Coach Neill
2500 Memorial Parkway
Mesquite, TX 75149

WEST MESQUITE **SUMMER PRIDE**

Strength & Speed Summer Workouts

The West Mesquite Summer Workouts are designed to improve the overall athletic strength, explosiveness and speed of athletes in grades 7 through 12. While many camps may last only a few days, we offer a 6 WEEK, 27 DAY program that will improve athletic performance and maximize results.

When? 1st Workout is MONDAY JUNE 10th

What time? 7th, 8th, 9th Graders 8am-10 am

10th, 11th, 12th Graders 9:00 am-11 am

Where? West Mesquite HS Fieldhouse

Who? All Athletes, All Sports, Boys & Girls

How much? \$50 for 27 Workouts, 14 Sport specific drill & technique workouts included

SUMMER WORKOUT SCHEDULE

WEEK 1 June 10th – 13th (Mon.-Thurs.)

WEEK 2 June 17th – June 20th (Mon.-Thurs.)

WEEK 3 June 24th – June 27th (Mon.-Thurs.)

WEEK 4 July 1st – July 3rd (Mon.-Wed.)

WEEK 5 July 8th – July 11th (Mon. & Thur.)

WEEK 6 July 15th – 18th (Mon.-Thurs.)

*****OFF Week of July 22nd ******

WEEK 7 July 29th – Aug 1st (Mon.-Thurs.)

WORKOUT SESSION TIMES

7th, 8th, 9th Graders (2019-2020 School Yr)

8:00 AM – 10:00 AM

10th, 11th, 12th Graders (2019-2020 School Yr)

9:00 AM – 11:00 AM

*****ON MONDAYS AND WEDNESDAYS WE WILL**

TEACH FOOTBALL SPECIFIC DRILLS AND

TECHNIQUES IN THE SECOND HALF OF THE

WORKOUT. ALL DRILLS ARE NON-PADDED.

You may drop off/pick up your son or daughter between the tennis courts and Tillery baseball field. The fieldhouse is located directly behind the tennis courts at West Mesquite High School.

Any questions call: Coach Neill 972-882-7691

Registration Form

(please print)

Participant's Name: _____ Cell # _____

Grade (2018-2019 school yr) circle one 7 8 9 10 11 12

Parent/Guardian's Name: _____

Parent/Guardian's Email Address: _____

Parent/Guardian's Cell #: _____ Home #: _____

T-Shirt Size circle one S M L XL 2XL 3XL

\$50 for 27 Workouts

Method of Payment: ☐ Check (make checks out to West Mesquite Athletics)

☐ Cash

Emergency Contact Information

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

Parental/Guardian Permission and Waiver Participant Name:

1. PERMISSION TO PARTICIPATE: I, the parent/guardian of the above-named participant hereby acknowledge that my child is in good general health and I give my approval for my child to participate in Summer Pride Workouts.
2. EMERGENCY MEDICAL AUTHORIZATION: I hereby grant my permission for any and all emergency medical/dental treatment and/or first aid to be administered to my child/participant, including authorizing any medical treatment facility/hospital to administer emergency treatment, for any illness/injury/accident resulting from participation in any and activities.
3. FINANCIAL RESPONSIBILITY: I hereby stipulate that I have been advised of the policy of no refunds and agree to fully comply with those obligations.
RULES & REGULATIONS - By my signature below, I hereby stipulate that I have read, fully understand and voluntarily agree to all of the above:

Signature of Parent/Guardian _____ Date: _____

Print Full Legal Name _____

Signature of Participant _____ Date: _____

Print Full Legal Name _____

Complete the entire form and turn in to your coach or mail to Coach Neill

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