

POWER SUMMER PROGRAM 2022 START. PERFORM. FINISH.

DICKINSON HIGH SCHOOL POWER PROGRAM SUMMER 2022

PRE-TESTINGS - JUNE 1 AT DHS

POST-TESTINGS - AUGUST 3 AT DHS

Athletes will test during the time they are registered to train at.

*Testing is for high school and eighth grade groups only.

All athletes must show up 10 min. prior to session for warm-ups.

JUNE 6 - AUGUST 4 (8 WEEKS)

| | | |
|------------|------|----------------------------|
| 6:30 a.m. | M-TH | Early Bird (High School) |
| 7:30 a.m. | M-TH | Boys - Junior, Senior |
| 8:30 a.m. | M-TH | Girls - Freshman - Senior |
| 9:30 a.m. | M-TH | Boys - Freshman, Sophomore |
| 10:30 a.m. | M-TH | Boys/Girls - Eighth grade |

JUNE 6 - JUNE 30 (4 WEEKS)

| | | |
|------------|------|---------------------------------------|
| 11:30 a.m. | M-TH | Boys/Girls - Middle School Athletes A |
|------------|------|---------------------------------------|

JULY 11 - AUGUST 2 (4 WEEKS)

| | | |
|------------|------|---------------------------------------|
| 11:30 a.m. | M-TH | Boys/Girls - Middle School Athletes B |
|------------|------|---------------------------------------|

***No Training July 4-8 (Fourth of July)*

THERE ARE LIMITED SPOTS PER SESSION.

If you HAVE been a member of Sanford POWER before, you do not need to fill out registration paperwork again; only the program fee is needed to reserve the athletes spot. If you have NOT participated in POWER before, please fill out the registration paperwork and return with program fee.

REGISTRATION CAN BE MAILED OR DROPPED OFF AT:

Sanford POWER Center
3451 N. 14th Street, Bismarck ND 58503
(701) 323-1125

Or, completed online at:
<http://www.sanfordpower.com/resources/registerpay/>



MAXIMIZE YOUR PERFORMANCE

Dickinson High School

Athlete Name: _____ Phone: _____ DOB: _____ Sex: M F

Grade for 2022/2023 school year: _____ T-Shirt Size: S M L XL XXL

Address: _____ City: _____ State: _____ Zip: _____

Parent Email (required): _____

Please Mark Session of Choice:

| | | | | |
|--|---|------------------------|-------------------|-------------------------|
| | Early Bird (High School) | 8 weeks (grades 9-12) | Monday - Thursday | 6:30-7:30 a.m. |
| | Jr/Sr Boys | 8 weeks (grades 11-12) | Monday - Thursday | 7:30-8:30 a.m. |
| | High School Girls | 8 weeks (grades 9-12) | Monday - Thursday | 8:30-9:30 a.m. |
| | Fresh/Soph Boys | 8 weeks (grades 9-10) | Monday - Thursday | 9:30-10:30 a.m. |
| | 8th Grade Boys/Girls | 8 weeks (grade 8) | Monday - Thursday | 10:30-11:30 a.m. |
| | Middle School Athletes A June 6-30 | 4 weeks (grades 6-7) | Monday - Thursday | 11:30 a.m. - 12:30 p.m. |
| | Middle School Athletes B July 11-Aug 2 | 4 weeks (grades 6-7) | Monday - Thursday | 11:30 a.m. - 12:30 p.m. |

COST: High School 8 week program \$175
Middle School 4 week program \$87



HEALTH QUESTIONNAIRE

School: _____ Sport/Interest: _____

Height: _____ Weight: _____ Health care provider/phone: _____

Have you ever been diagnosed with any of the following?

| | | |
|------------------------------|--------------------------------|-------------------------------|
| _____ Coronary Heart Disease | _____ Heart Disease | _____ Rheumatic Heart Disease |
| _____ Stroke | _____ Congenital Heart Disease | _____ Epilepsy |
| _____ Heart Murmurs | _____ Diabetes | _____ Hypertension |
| _____ Cancer | _____ Seizures | _____ Angina |

_____ Other, please explain: _____

Do you have any of the following? _____ Back pain _____ Joint, tendon or muscular pain _____ Lung disease

Please explain: _____

Have you experienced chest pain due to physical activity? Yes No

Have you experienced chest pain within the last month? Yes No

Have you lost consciousness or fallen due to dizziness? Yes No

Are you under a doctor's supervision for any illness or physical condition that may affect your ability to exercise? Yes No

Please explain: _____

Are you pregnant? Yes No

Please list any medications you take on a regular basis: _____

I hereby consent to having my child/active adult participate in the POWER Athletic Enhancement program. I understand that there are risks involved in such participation and relinquish Sanford Aberdeen and Aberdeen Public School District from all liability. If my child/active adult has a pre-existing injury or medical condition, a written clearance from our physician is required before my child/active adult can participate.

Parent's or Guardian's Signature (if under 18): _____

Athlete's Signature: _____