

START.PERFORM.FINISH.

BEMIDJI SUMMER PROGRAM

FOR ATHLETES ENTERING 9TH GRADE AND HIGHER IN FALL OF 2020



PROGRAMS & OBJECTIVES:

- POWER - Speed, Agility, Strength & Plyometrics
- Sport specific injury prevention exercises incorporated into daily sessions

PROGRAM LOCATION:

Bemidji High School

TRAINING STAFF:

Jon Laakso, MS-ATC, LAT
Sanford / BHS
Athletic Trainer

Aryn Deshane, MS-ATC, LAT
Sanford / BHS
Athletic Trainer

Bryan Stoffel
BHS Strength Coach

Steve Thompson
BHS Strength Coach

Logan Larsen, CSCS
BHS Strength Coach

Bazil Zuehlke
BHS Strength Coach

SESSION DATES & TIMES:

- High School Athletes (entering grades 9-12, Fall of 2020)
 - June 15 - August 6
 - Monday, Tuesday, Thursday
 - POWER: Hour long sessions scheduled in half hour increments from 6:30 a.m. - 11:30 a.m.
 - To schedule; Contact your fall coach or email bryan_stoffel@isd3l.net
 - Please give 3 optional times.

REGISTRATION DEADLINE:

- June 11, 2020

REGISTRATION FEES:

- High School POWER - \$50
- Temperatures will be checked daily
- 9 students per hour long session per coach

For more information, call the Bemidji High School Activities Office (218) 444-1600 ext. 63316.

2020 BEMIDJI POWER TRAINING

Registration forms are available at sanfordhealth.org/bemidji. Please bring your registration to the BHS Athletic Department Office or mail to: BHS Athletic Department, Attn: Sheila, 502 Minnesota Ave. NW., Bemidji, MN 56601

Name: _____ Phone: _____ Age: _____ Sex: M F (Please Circle)

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

Session Time:

High School POWER is offered Monday, Tuesday, Thursday.

Contact your coach or Bryan Stoffel to schedule or a time.

6:30 a.m. 7 a.m. 7:30 a.m. 8 a.m. 8:30 a.m. 9 a.m. 9:30 a.m. 10 a.m. 10:30 a.m. 11 a.m. 11:30 a.m.

Registration Fees: HS POWER - \$50

I hereby acknowledge and understand that my participation in the Sanford Summer POWER program will require physical exertion and calisthenics. I hereby waive/release Sanford Sports, Sanford POWER and Sanford Health, and their respective employees, agents or affiliates from any liability and/or any injuries which may occur while participating in said "Sanford Summer POWER program."

[] I Agree

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

Home Phone: _____ Work Phone: _____ Parent/Guardian email address: _____

Athlete's Signature: _____