

*Sports Performance Enhancement & Explosive Development*



# FOR HIGH SCHOOL ATHLETES

## SUMMER SPORTS PERFORMANCE CAMP

### JUNE 9 TO JULY 24, 2025

SPEED is an intensive sports performance program designed to improve your athletic ability.

With a focus on proper form and technique, it will help to keep you in the game.

Sessions will be held at a local school. Teams can participate in sport-specific sessions!

#### **BENEFITS OF THE SPEED PROGRAM**

- Proven results in the 40-yard dash, vertical jump, and broad jump
- Gives you the edge to excel over your competitors
- Uses sport-specific skills to develop a better conditioned and more competitive athlete
- Helps decrease the likelihood of injury

#### **SESSIONS**

*(all held at St. Mary's Springs Academy Track)*

- Boys Upperclassman (11th & 12th grade)  
Monday, Tuesday, Thursday • 7-8 am
- Boys Lowerclassman (9th & 10th grade)  
Monday, Tuesday, Thursday • 8-9 am
- Girls (9th - 12th grade)  
Monday & Wednesday • 9-10:30 am

#### **COSTS**

- Early bird registration is \$80 (before June 4, 2025); \$100 after June 4, 2025

*Register today by visiting [ssmhealth.com/SPEED](https://ssmhealth.com/SPEED) or scan the QR code.*



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# High School Registration Form

Name: \_\_\_\_\_ M/F: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

School: \_\_\_\_\_

Email address: \_\_\_\_\_

Student cell phone: \_\_\_\_\_

## **Registration Fee**

***Early bird registration is \$80 before June 4, 2025;  
\$100 after June 4, 2025.***

## **Consent Form**

I give permission for my child \_\_\_\_\_, to participate in SSM Health Therapy Service's SPEED Program. I authorize the SSM Health Therapy Services staff to act according to their best judgment in any emergency requiring medical attention. I hereby waive and release the SSM Health Therapy Services staff from any and all liability and cost associated with the program. I further understand that I, or my medical insurance carrier will be responsible for any expenses arising from said emergency treatment. I also give the licensed athletic trainer on-site permission to evaluate and recommend treatment for any minor injury which may occur during the program. Participants will be expected to follow rules and instructions from staff. In case of emergency please contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **SSM Health Photograph Release Form**

Subject: \_\_\_\_\_  
I, the undersigned, hereby authorize SSM Health, its employees, medical staff, consultants, and designated representatives to photograph/videotape/record athletic statistics of my son/daughter.

I understand that the photographs/videotape/recorded athletic statistics taken of my son/daughter may be used in a news article or feature story, published in a newspaper, newsletter, magazine, website, or other public medium.

This authorization shall act to expressly release SSM Health, its members, employees, medical staff, consultants, and assigns from liability related to any and all claims, demands and causes of action connected with publication of said photographs.

Parent/Guardian Signature: \_\_\_\_\_

Relationship to Subject: \_\_\_\_\_

Date: \_\_\_\_\_

**To register, visit [ssmhealth.com/SPEED](http://ssmhealth.com/SPEED) or send registration form and check made out to:  
SSM Health Therapy Services  
421 Camelot Drive  
Fond du Lac, WI 54935**