



# Strength & Conditioning Fall 2017

**Get Strong-Stay Strong**  
**Strength and conditioning program**  
**designed for all High School Athletes and CSD staff**

**Who:** CHS Student Program **Code: #1115-17**  
**Days:** **Monday, Wednesday & Friday** **Date: Sept. 25-Nov. 20**  
**Time:** **3:30-4:30 p.m.** **Fee: \$75.00**  
**Location:** **CHS Weight Room** **Coach: Sean Tamura**

**Who:** CSD Staff Program **Code: #1117-17**  
**Days:** **Tuesdays and Thursdays** **Date: Sept. 26 to Dec. 5**  
**Time:** **3:30-4:30 p.m.** **Fee: \$75.00**  
**Location:** **CHS Weight Room** **Coach: Sean Tamura**

**Go to [CamasCommunityEd.org](http://CamasCommunityEd.org) to register online and pay with debit or credit card OR mail form and payment to Camas Community Ed 841 NE 22<sup>nd</sup> Ave. Camas 98607**

Cut Here ✂ -----

Mail Registration Form to: Camas Community Ed, 841 NE 22<sup>nd</sup> Avenue, Camas, WA 98607

833-5544	Camas Community Education, 841 NE 22 <sup>nd</sup> Avenue, Camas, WA 98607	833-5544
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Name of Participant: \_\_\_\_\_  
 Parent's name if 18 or younger: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_ Medical Condition? \_\_\_\_\_  
 Phone: # \_\_\_\_\_ Phone # \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Class Code	Class Title	Fee
#	<b>Strength and Conditioning Program</b>	

**Total Enclosed: \$** \_\_\_\_\_

\_\_\_\_\_ has my permission to participate in this CCE activity. I understand the Camas Community Education program does not provide insurance. I certify that my child is physically and mentally able to participate in this activity. I will communicate my child's potential medical/medication needs with staff. I, intending to be legally bound, waive and release my rights and claims for damages I may accrue against any and all sponsors of this activity. I understand my child's image may be used for promotional purposes for CCE and/or the CSD.

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

**Office Use:** Cash/Check #: \_\_\_\_\_ Entered by: \_\_\_\_\_