



# MESQUITE WILDCATS SUMMER STRENGTH CAMP “RISE TO EXCELLENCE”

**Dates:** 5/25, 5/26, 5/30- 6/2, 6/5-6/8, 6/12-6/15, 6-19-6/22, 6/26-6/29  
4 day a week lifting, speed and agility

**Grades:** 7<sup>th</sup> – 12<sup>th</sup> grade (2017-18 School Year)

**Location:** Mesquite Football Practice Fields [500 S. McQueen Rd, Gilbert 85233]

**Cost:** \$135 - Make Checks payable to **GBAC [Early Registration Discount \$125]**

Workouts are conducted by MESQUITE's highly qualified football coaches and contain the following elements: dynamic mobility and flexibility training, expert instruction in the major strength movements, core work, metabolic conditioning, speed, agility, as well as plyometric training. Each athlete will be given instruction in the fundamentals of Football along with other developmental exercises with an emphasis on technique. The goal of the Summer Strength Camp is to teach and help each participant improve over the course of the 6-week program. The concepts and principles taught in this camp are cutting edge. Six weeks of this age appropriate intense Football training will definitely lead to improved performance and knowledge. This will prepare them for the Champions Football Camp and our CHAMPIONSHIP FOOTBALL SEASON. Our goal is to help each athlete reach their full potential here at Mesquite High School.

**Contact:** Chad DeGrenier by phone at 602-568-3312 or email [chad.degrenier@gilbertschools.net](mailto:chad.degrenier@gilbertschools.net)

## Sessions:

10<sup>th</sup>, 11<sup>th</sup> & 12<sup>th</sup> Grade      Time: 6:30 am-9:30 am

7<sup>th</sup>, 8<sup>th</sup> & 9<sup>th</sup> Grade      Time: 8:00 am-11:15 am

**What to Wear:** Black Shorts, White T-shirt, & Cleats

Student Name:	Grade: _____ Age: _____
Parent/Guardian:	School: _____
Phone(H) (C)	Student ID#: _____
Email:	
Emergency Contact Name:	
Emergency Contact Number:	
I give permission for my child to participate in the sports program listed. I/we understand all risks and hazards incidental to such participation and do hereby waive, release, absolve, indemnify and hold harmless Get Better Skillz Camp and the school from any claim arising out of any injury to my child.	
<b>Parent Signature:</b> _____	
I give permission to photograph my child during camp participation for publicity use and/or news release. <input type="checkbox"/> YES <input type="checkbox"/> NO	
Does your child have health conditions/concerns of which staff should be aware? If so, please explain:	