

## JBS STRENGTH AND CONDITIONING CAMP REGISTRATION FORM

Athlete's Name(s): \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_ Grade (fall of '21): \_\_\_\_\_  
\_\_\_\_\_ Beginner (8:30-9:30am) \_\_\_\_\_ Intermediate/Advanced (3:00-4:30pm)

### Emergency Contact Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Hospital Preference: \_\_\_\_\_  
Allergy Information/ Medications: \_\_\_\_\_  
Limitations/restrictions: \_\_\_\_\_

Who: For all rising 7<sup>th</sup>-12<sup>th</sup> grade students attending JBS

Dates: Monday, June 7<sup>th</sup> - Thursday, July 29<sup>th</sup> (Camp meets on Mon, Tues, Thurs)

Time: Beginners 8:30-9:30am Intermediate/Advanced 3:00-4:30pm

Cost: Beginners \$100 Intermediate/Advanced \$150

Beginners: Those with less than two years of experience working out in a **weight room or with a personal trainer** (most middle school athletes, some JV athletes).

Emphasis placed on proper movement and lifting techniques.

Intermediate/Advanced: For those with two plus years of experience in a weight room, familiar with all compound lifts and form. Programming geared towards preparing athletes for their fall sport (all Varsity, most JV, some middle athletes).

Athletes must be masked at all times. Please bring a mask and water bottle.

Questions to William Feuerbacher, CSCS ([wfeuerbacher@jburroughs.org](mailto:wfeuerbacher@jburroughs.org))

Please send registration form and check (made payable to John Burroughs School) to:  
William Feuerbacher: 755 South Price Road, St. Louis, MO 63124

We (I), hereby request that you accept the application for enrollment of \_\_\_\_\_ in the JBS Strength Camp during the dates set forth in this application. We (I) hereby release, John Burroughs School and employees, from all claims as a result of any injuries, which may be sustained by my child while attending the JBS Strength Camp. We (I) hold JBS blameless for any claims, which may hereafter be presented by my child as a result of any such injuries. We (I) authorize the employees of JBS Strength Camp to act for me using their best judgment in any situation requiring medical attention. We (I) know of no physical conditions, which might affect my child's ability to safely participate in the camp.

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