



# Shawnee Mission West Athletics Summer Weights Schedule 2018



Dates: June 4 - July 29 (Mon. - Thurs. Only)

Open To: All incoming Shawnee Mission West High School students

Prerequisite: Please note that participating in the Viking Spring Weights Camp is a prerequisite for participating in summer weights at Shawnee Mission West. See below for details and a registration form for the Viking Spring Weights Camp.

Location: Shawnee Mission West High School

**Girls Basketball/Volleyball** (and all other interested female athletes)

Weight Room: 6:30 - 7:30 AM

Open Gym/Skill Development Workouts: 7:30 - 9:00 AM

**Football** (incoming sophomores - seniors)

Weight Room: 7:30 - 8:30 AM

On-Field Skill Development Workouts: 8:30 - 9:45 AM

**Boys Basketball/Boys Soccer** (and all other interested non-football male athletes)

Weight Room: 8:30 - 9:30 AM

Open Gym/Skill Development Workouts: 9:30 - 11:00 AM

**Wrestling and Freshman Football**

Weight Room: 9:30 - 10:30 AM

On-Field Skill Development Workouts: 8:30 - 9:30 AM (Fresh. Football Only)

Open Mat Wrestling Workouts: 8:00 - 10:00 AM - ***Fridays Only***

# Viking Spring Weight Camp Registration Form

**WHEN:** Wednesday, May 9 or Thursday, May 10  
3:00 - 4:00 PM or 5:00 - 6:00 PM (either day)  
(If you are unable to make one of these two dates, contact [timcallaghan@smsd.org](mailto:timcallaghan@smsd.org))

**WHO:** All Shawnee Mission West Students  
All Current Westridge 8<sup>th</sup> Graders (Scholarships Available, If Needed)

**WHAT:** An individualized, goal-oriented course designed to increase individual strength, speed, and endurance. A coach supervises weight training, and all safety precautions are taken. Activities include all forms of weight training, with lifts on both machine and free weights. *This is considered a prerequisite for participation in summer weights at SM West.*

**COST:** \$50 - make checks payable to Viking Touchdown Club

Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

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

Parent Name(s): \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Make Checks Payable and Send To:** Viking Touchdown Club  
Attn: Tim Callaghan  
8800 W. 85<sup>th</sup> Street  
Overland Park, KS. 66212

#### PARENT RELEASE INDEMNITY AGREEMENT

The undersigned states that he/she understands that the Participant will engage in an athletic activity and that there is potential risk of injury. The undersigned has examined the potential risks, assumes said risks and understands and agrees that The Viking Touchdown Club, their members, employees, agents and representatives, are not and shall not be responsible for or liable for any illness or injury to person or damage to property resulting from the activity in which the Participant is enrolling or being enrolled, and the participant and the undersigned, hereby forever release and hold harmless The Viking Touchdown Club, their members, employees, agents and representatives, from any and all claims of any kind that the Participant, the undersigned, or their respective heirs, executors, administrators or assigns may have or claim to have resulting from participation in said activity. ***I HAVE READ AND UNDERSTAND THE WAIVER STATEMENT. [PARTICIPATION IS NOT ALLOWED WITHOUT SIGNATURE OF ALL LEGAL CUSTODIANS]***

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

