



# 2023 LEHMAN LOBO Strength & Conditioning Program



**Who:** **Incoming 7<sup>th</sup> to 12<sup>th</sup> Grades**  
**When:** **JUNE 5th—JUNE 30th & JULY 10th—JULY 27th**  
 [Mondays, Tuesdays, Wednesdays & Thursdays ONLY]  
**Time:** **7:30 am—9:30 am SKILLS BY SPORT [10:00 am to 11:00 am]**  
**Where:** Lehman High School [*Enter at Black Gate by CTE Bldg.*]

**COST: \$45.00** [for all 7 weeks]

PAY ONLINE @ <https://hayscisd.revtrak.net/> OR PAY w/ CHECK or CASH

**Purpose:** To provide strength and speed training, as well as conditioning, to prepare the athletes for the upcoming school year.  
**Physicals:** All participants must have a current physical. Students may use physicals from the current school year. *Physicals can be no more than one year old.*

Hays C.I.S.D. LIABILITY RELEASE FORM

Participant releases the Hays C.I.S.D., its officials, employees, and volunteers from all liability for any claim by Participant of bodily injury, property damage, or other legal injury of any description arising from Participant's use of Hays C.I.S.D. facilities or participation in or attendance at the Camp / Event. The term "Participant" includes both the individual Participant and any parent or guardian signing this document on behalf of the Participant. Participant further covenants and agrees that Participant or Participant's legal representatives will not assert or file any claim against Hays C.I.S.D., its officials, employees or volunteers seeking monetary or other relief of any description based on any claims released in this document. Participant agrees to indemnify and hold harmless Hays C.I.S.D., its officials, employees or volunteers from all costs and expenses of defending against such claims. The release and indemnity obligations of Participant shall apply without regard to whether the bodily injury, property damage, or other legal injury complained of were caused, in whole or in part, by the Hays C.I.S.D., its officers, employees, or volunteers. This release does not waive any claim of governmental or statutory immunity or any other legal defense available to the Hays C.I.S.D. or its officials, employees or volunteers under Texas or federal law. By signing below, I certify that I have read, understand, and accept the terms of this document. I further certify that I am aware that this document contains a release of important legal rights and that I may consult an attorney prior to signing.

Contact Information [Please PRINT CLEARLY]:

Camper's Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Current School: \_\_\_\_\_ Grade Next Year: \_\_\_\_\_

Address, City, ST: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Parent's EMAIL: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

<b>OFFICE USE ONLY:</b> TOTAL PAID: \$ _____ CK _____ / CC _____ / CASH _____ W _____ (updated 4/20/23)
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