

Advanced Athletic Training

Introduction to Weight Training for Youth

Who: Students in grades 5,6,7, and 8

When: Mondays and Wednesdays starting Mar 6, 2023

Time: 5:30pm to 6pm

Where: Ralston High School Weight Room

Participation: There will be a parent meeting and sign ups on March 1st in the High School Weight Room at 5:30 pm.

Head Instructor: Coach Ed Schmitt, assistant football, track, and head wrestling coach at RHS. Coach Schmitt is also the weight room teacher for RHS.

This is an introductory opportunity for youth to learn the proper techniques for weight lifting in order to enhance and improve their health, fitness, and athletic skills. The focus will be on **safety, form/technique, and weight room etiquette.** This opportunity will help student-athletes make the transition to middle school and high school athletics and workouts by teaching them the core lifts of bench press, squat, and hang clean. In addition, participants will be introduced to some supplemental exercises. Students who participate will have the preparation and knowledge needed for summer weight room workouts as they enter RMS, and RHS

There will be a sign up page for parents to fill out Monday night,

ed.schmitt@ralstonschools.org

Advanced Athletic Training (Introduction to Weight Training for Youth) Permission Form.

Student Name: _____

I/we hereby give our permission for the above named student to participate in the Advanced Athletic Training program at Ralston High School. I/we realize that participation in the Advanced Athletic Program involves the potential for injury even with the best instruction and equipment, and strict observance of rules. I/We acknowledge that I/we have read and understand this warning. Furthermore, I/we release the Ralston Public School District from all liability for any injuries incurred by my/our child during or resulting from participating in the Advanced Athletic Training program. In the event of an injury, I/we hereby give consent for the above named student to receive any necessary healthcare treatment that may be provided by healthcare providers employed directly or through a contract by the school. In the event of a medical emergency, I hereby give consent for any treatment diagnosis, and/or hospital care as deemed necessary by a licensed physician.

Parent(s) Name _____

Signature(s) _____

Parent Cell Number _____

Emergency Contact _____