



ST. X CLASS OF 2022 SUMMER WEIGHT LIFTING PROGRAM JUNE 5-JULY 26 *(No classes the week of July 4th)*

8:30-9:30am or 11am-12pm

OPEN WEIGHT ROOM

We would like to invite all incoming **Non-Football** students to enjoy an open weight room on Tuesday and Thursdays from 8:30-9:30 am or 11-12 pm during the summer months of June and July. This open hour is designed for all students who are looking for a general strength and fitness program in a laid back setting. The program will be run by Ben Yauss and staff and will allow the students access to all the equipment and resources offered by Saint Xavier High School. The program will consist of strength, conditioning, flexibility and core exercises to enhance our students overall health and wellness.

Where: Saint Xavier
Weight Room

Who: Open to Class of
2022 **NON FOOTBALL**
students that want to
improve their health
and wellness

When: Tuesdays and
Thursdays from 8:30-
9:30am or 11-12pm
between June 5 and
July 26 *(No classes the
week of July 4th)*

Cost: \$100 per student

For Further
Information contact
Ben Yauss at
byauss@stxavier.org

REGISTRATION FORMS
CAN BE FOUND ONLINE AT:
STXSPORTSCAMPS.COM

Mail registration forms to:
Strength and Conditioning
Camp
c/o Ben Yauss

Saint Xavier High School
600 North Bend Road
Cincinnati, OH 45224

CAMP STAFF

Ben Yauss- Ben is recognized as a leader in human performance and athletic development through design and implementation of a safe, competitive and educational training program designed to enhance performance while decreasing the likelihood of injury. Ben served as the Head Strength and Conditioning coach for the LA Galaxy from 2009-2014. He also worked with EXOS (formerly Athletes Performance) who are recognized as the leader in integrated performance training, nutrition, and physical therapy for elite and professional athletes. At EXOS, Ben worked with over 300 professional athletes including those from the NFL, NBA, MLB, and NHL while also serving as High School and College Prep Program director and the regional oversight leader for the US Olympic Committee. Ben is currently the Director of Strength and Conditioning at St. Xavier High School, the Director of Sports Performance for FC Cincinnati and a Performance Consultant of Ignition APG in Mason.

CAMPER INFORMATION

Name _____

Address _____

Phone Number _____

Email Address _____

Sports Played _____

Age _____

EMERGENCY CONTACT INFORMATION

Name _____

Phone Number _____

Check all Camps attending:

Tuesday/Thursday
8:30-9:30AM _____

Tuesday/Thursday
11:00-12:00PM _____



RELEASE AND MEDICAL CARE AUTHORIZATION

I am the parent/legal guardian of _____, (*Child's Name*)

who is a participant in a _____ (*name of camp*) sports camp (the "Camp") sponsored by St. Xavier High School. I understand that at times my child may be participating in sporting events and other activities incident to the operation of the camp under the supervision of volunteers or paid staff members of St. Xavier High School. I authorize my child's participation in the Camp and in the sporting events and other activities incident thereto. If the volunteer(s) or paid staff members(s) of St. Xavier High School supervising my child determine that my child needs medical attention, and if the volunteer(s) and/or staff members(s) cannot contact me at the telephone numbers listed above, then I authorize those volunteer(s) and/or staff members(s) to consent to (1) the administration of any treatment deemed necessary by my child's physician and/or dentist, identified below or, if the relevant designated practitioner is not available, by another licensed physician and/or dentist, (2) the admission of my child to the hospital identified below or, if that facility is not accessible, any other hospital reasonably accessible. This medical authorization does not include any authorization to perform surgery other than that required in emergency circumstances unless the medical opinions of two other licensed physicians concurring in the necessity for surgery are obtained prior to the performance of surgery. To the extent necessary for my child's protection, I have provided St. Xavier High School with my child's medical history, including any allergies, medications and impairments to which a physician should be alerted. In consideration of my child being permitted to participate in the St. Xavier High School Camp, I do hereby fully release and hold harmless St. Xavier High School, its trustees, officers, agents, employees, and volunteers from any and all actions, claims and demands of whatsoever kind on account of any and all injuries, losses or damages, including consequential damages, which my child or family members may sustain in connection with or during my child's participation in the St. Xavier High School Camp. I further state that I have carefully read this Release and know the contents thereof, and I am signing this Release as my own free act. Medical information:

Child's Physician: _____ Phone #: _____

Child's Dentist: _____ Phone #: _____

Preferred Hospital: _____

Please identify any relevant medical history (e.g., allergies, medications or impairments) to which a physician treating your child should be alerted. _____

Signed: Mother/Legal Guardian: _____ Date _____

Father/Legal Guardian: _____