



SPEED & AGILITY CAMP

Session 1: June 11 – June 27 (3 weeks)
Session 2: July 9– July 25 (3 weeks)

This Program will focus on the 6 pillars of peak performance:

• Regeneration - methods to improve recovery from training & competition
• Conditioning - proper conditioning to improve work capacity
• Flexibility - restore/maintain healthy function of soft tissue and joints
• Speed - skills to maximize movement efficiency through 360°
• Strength -training throughout the spectrum of strength qualities for sport
• Nutrition – Tips and handouts to properly fuel for sport

Our goal is to decrease the potential for injury in our athletes while improving their overall athletic performance. Program Highlights include:

***Movement Prep *Neural Activation *Linear and Multidirectional Skill and Strength *Plyometrics *Total Body Power *Stability**



WHERE:

**Saint Xavier High School
Track Field (Subject to
change based on
weather)**

WHO:

**Camp is for ALL students
who want to improve
their speed, agility and
movement mechanics
entering grades 6-12**

WHEN:

**Camp will take place
Tuesdays and Thursdays
from 10-11am**

COST:

\$120 per session

**To sign up Mail
Registration Form to:
Speed Development
Camp**

**c/o Ben Yauss
Saint Xavier High School
600 North Bend Road
Cincinnati, OH 45224**

**Make checks Payable to:
Saint Xavier High School
or register online at
stxsportscamps.com**

For Further information:

**Contact Ben Yauss
P: 513-310-4637
E: byauss@stxavier.org**

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.

CAMPER INFORMATION

Name _____

Address _____

Phone Number _____

Email Address _____

Sports Played _____

Grade in Fall _____

Age _____

EMERGENCY CONTACT INFORMATION

Name _____

Phone Number _____

Check all Camps attending:

Session 1

June 11-June 27 (T/TH)

10:00-11:00AM _____

Session 2

July 9-July 25 (T/TH)

10:00-11:00AM _____



RELEASE AND MEDICAL CARE AUTHORIZATION

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

who is a participant in a _____ Speed Camp _____ (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: _____ Date _____

