



# SPEED & AGILITY CAMP

**July 7-July 23 (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 \*Regeneration**



**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 for 6 sessions or  
\$25 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](http://stxsportscamps.com)**

**For Further information:  
Contact Ben Yauss  
P: 513-310-4637  
E: [byauss@stxavier.org](mailto: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 and the Director of Sports Performance for FC Cincinnati for the 2016 and 2017 seasons. 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:

**July 7-July 23 (T/TH)**

**10:00-11:00AM** \_\_\_\_\_

### INDIVIDUAL SESSIONS (*check all that apply*):

**July 7**  
**10:00-11:00AM** \_\_\_\_\_

**July 9**  
**10:00-11:00AM** \_\_\_\_\_

**July 14**  
**10:00-11:00AM** \_\_\_\_\_

**July 16**  
**10:00-11:00AM** \_\_\_\_\_

**July 21**  
**10:00-11:00AM** \_\_\_\_\_

**July 23**  
**10:00-11:00AM** \_\_\_\_\_





RELEASE AND MEDICAL CARE AUTHORIZATION

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

who is a participant in Speed 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 \_\_\_\_\_

