



Westfield Middle School students

Don't miss out on... Athletic Development



WMS Fitness Camp is hosted by Coach Todd Hagemeyer (WMS Wellness teacher & football coach), **Coach Jake Gilbert** (Varsity head football coach), and other WMS coaches.

This camp will focus on lifting techniques, muscular strength, mobility, flexibility, and core strengthening. WMS boys and girls currently in 6th, 7th and 8th grade are encouraged to join as we focus on developing training techniques. Our main goal is to improve each student athlete to better prepare them for high school athletics and a lifetime of functional movement.

WMS Fitness Camp will meet **Monday and Tuesday** mornings from 7:30-8:30 a.m. unless school is delayed, or if school is canceled. Participants are encouraged to bring something to eat after the workout. 6th graders will be guided to WIS after the workouts and released when bus riders are allowed to enter WIS.

WMS fitness camp for students who are doing all virtual learning and students who are on an elearning day may also come.

Covid protocols are being followed. Everyone should bring their own mask, water, and towel.

Dates/Times: Camp will run January 4th-May 4th (no camp over Spring Break)
Mondays and Tuesdays from 7:30—8:30 a.m.

Cost: \$30 per participant or \$50 for 2 family members No additional charges for a 3rd family member
\$2 of the camp fee is non-refundable if refunds are issued.

Please make checks payable to Westfield Washington Schools. Scholarship assistance available upon request to Coach Todd Hagemeyer at hagemeyert@wws.k12.in.us

Location: Westfield Middle School Weight Room and South Gym -- Enter through Door #3

Attire: Athletic T-shirt, shorts, socks, gym shoes

Questions: Coach Todd Hagemeyer hagemeyert@wws.k12.in.us 317-385-2770

Communication app: Parents and student athletes should download the **SportsYou app** and join our group using the Access Code: **UASGGHDD**

--- ✂ ---Turn in after cutting -----

WMS Fitness Camp—Coach Todd Hagemeyer -- Fill out this tear-off portion with a check made payable to Westfield Washington Schools. Please mail to Westfield Washington Schools, 1143 E 181 Street, Westfield, IN 46074 Attn: SSP

REGISTRATION

Student's Names and grade: _____

Parent Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ E-mail: _____

Primary Phone: _____ Work Phone: _____ Cell Phone: _____

AUTHORIZED CONTACTS AND PICK UP NUMBERS: (Other than listed above)

Please provide two local adults who could be reached during camp hours if Parent/Guardian is not available:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

HEALTH RECORDS:

Student's Physician: _____ Physician's Phone: _____ Hospital Preference: _____

Important health information:
