



**THE SECOND ANNUAL 2010 G'TOWN HAWKS PRE-SEASON MINI FOOTBALL  
CONDITIONING CAMP**

**AUGUST 2-4<sup>th</sup>, 2010**

**This "second annual" 3 day mini- camp will provide your son the opportunity to be part of a progressive professionally designed conditioning program focused on eliminating injury and improving pre-season conditioning levels.**

**However this is not just about working out and running....**

Athletes will also have a chance to get their hands on the football and their fellow teammates by taking part in a **BATTLE BALL** games that will help get their football juices flowing and their confidence sky rocketing.

**Camp Details**

**Dates:** August 2-3-4<sup>th</sup>    **Time:** 6:00 to 7:30 pm    **Location:** Germantown High School and Datka Stadium

**Your Son's Camp Coach:** Dave Schmitz (Youth Condition Specialist and Assistant High School Strength and Conditioning Coach). Dave will also be assisted by Germantown varsity football players

**Who Should Attend:** Any incoming 6<sup>th</sup>-7<sup>th</sup> or 8<sup>th</sup> Grade Hawks Football player who wants an edge come opening day

Cost: \$30 (All Proceeds are being donated to the Germantown Weight Room Club)

*Special Note: This is not a mandatory camp and all youth coaches are prohibited from attending due to Youth Football Regulations.*

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(Return this portion of form with Payment)

**Circle: Incoming Grade: 6<sup>th</sup> – 7<sup>th</sup> – 8<sup>th</sup>    Cost: \$30**

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **City, Zip** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Mail and Make Checks payable to: Performax – Performance Training  
W161 N11115 Meadow Dr Germantown, WI 53022**

As a parent or legal guardian of the above student, I hereby waive, release, indemnify and hold harmless Performax Performance Training LLC, all coaches or assigns associated with the Camp in any way from any injury or liability whatsoever which may result from the student athlete participating in the this camp. Further, I hereby affirm that the student is medically able to participate in the camp without limitations.

Signature of Guardian or Parent \_\_\_\_\_ Date \_\_\_\_\_