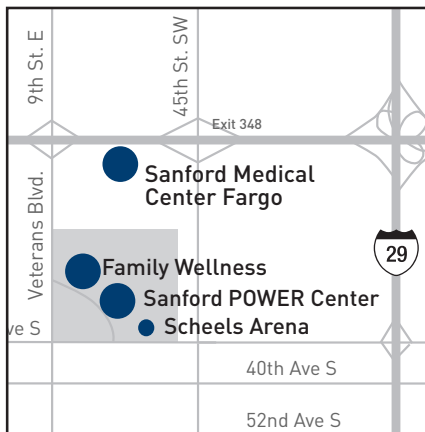


POWER

SANFORD
HEALTH

START.PERFORM.FINISH.
#StartPerformFinish

(701) 234-8999
SANFORDPOWER.COM



Sanford POWER Center
2990 Seter Parkway
Fargo, ND 58104



**SUMMER 2018 CROSS COUNTRY
POWER TRAINING CAMP**

POWER
SANFORD
HEALTH

At Sanford POWER, we start you on the path to maximum performance. Our team of athletic performance experts uses proven practices and the latest technologies to help an athlete become stronger, faster and more explosive —no matter the sport.

You can take the skills you learn at Sanford POWER with you wherever you go—no matter your personal goals. You will finish strong and learn to perform at your maximum ability. From the fundamentals to advanced training methods, our program is designed to make you

Be A Better Athlete.

CAMP TRAINING AND INSTRUCTION

- Endurance training through track style runs.
- Olympic style weightlifting (including power clean, snatch and jerk exercises).
- Event specific power and strength training.
- Acceleration and maximum speed development.
- Running/sprinting mechanics.
- Nutrient timing to optimize recovery.
- Performance evaluation and re-evaluation.

SUMMER 2018 CROSS COUNTRY POWER TRAINING CAMP

- **Days:** Monday, Wednesday, and Thursday
- **Dates:** June 4–August 2, 2018
** No sessions the week of July 4 (Monday, July 2, Wednesday, July 4 and Thursday, July 5)*
- **Duration:** 8-weeks; 24 total training sessions
- **Time:** Noon–1:30 PM
- **Ages:** Grades 7-12
- **Cost:** \$295.00
- **Registration Deadline:** Friday, May 25, 2018

Disclaimer: no make-up sessions or refunds.

Go to sanfordpower.com for more details.

**For a brochure or more information call:
Kendall Railing at 701-234-7910 or email
Kendall.Railing@SanfordHealth.org**

Payment can be made by check or credit card.
Make check payable to: Sanford Health – POWER Center.

MAIL REGISTRATION

Sanford POWER
Summer 2018 Cross Country
POWER Training Camp
Attn: Kendall Railing
2990 Seter Pkwy., Fargo, ND 58104



Registration Deadline: Friday, May 25, 2018

** Disclaimer: no make-up sessions or refunds*

REGISTRATION FORM

Name: _____

Address: _____

Cell Phone: (_____) _____

Home Phone: (_____) _____

Email Address: _____

DOB: ____/____/____ Grade: _____ M/F: _____

School: _____ Shirt Size: _____

Emergency Contact: _____

Emergency Contact Cell Phone #: _____
(_____) _____

Emergency Contact Work Phone #: _____
(_____) _____

Sport(s) participating in: _____

Goals: _____

Payment can be made by check or credit card.

Make check payable to: Sanford Health – POWER Center.

CREDIT CARD PAYMENT

Card Type _____ Card # _____

Name on Card _____ Exp. Date _____

CONSENT FORM

I hereby consent to having (child's name)

participate in the Sanford POWER Camp. I understand that there are risks involved in participation. I certify that he/she is medically fit to participate in camp training and activities. I agree to release and hold free from liability all camp employees and Sanford for injuries/illness that may occur during or as a result of participation.

Parent/guardian signature

Date