

POWER SUMMER PROGRAM 2021
START. PERFORM. FINISH.

**BEMIDJI
MIDDLE AND HIGH SCHOOL
POWER PROGRAM SUMMER 2021**

PROGRAM GOALS & OBJECTIVES

Maximize your performance with help from Sanford POWER. During our summer program, you can improve your skills in sessions led by POWER coaches and athletic trainers.

POWER PROGRAM FACILITATED BY

- Bryan Stoffel, BHS Strength Coach
- Logan Larsen, CSCS, BHS Strength Coach
- Bazil Zuehlke, BHS Strength Coach
- Darin Schultz, BMS Strength Coach
- Jon Laakso, MS-ATC, LAT, Sanford / BHS Athletic Trainer
- Aryn Ball, MS-ATC, LAT, Sanford / BHS Athletic Trainer
- Justin Malone, Strength & Conditioning, Specialist

PROGRAM LOCATION: Bemidji High School and the POWER Center within the BCA Arena

DATES AND TIMES: June 7 - August 11* (One-hour sessions every Monday - Friday)

*View the online schedule on the Bemidji High School athletics web page.

REGISTRATION FEE: Middle School: \$75 — High School: \$100
(Registration deadline: Tuesday, June 1, 2021)

HOW TO REGISTER

Please mail your registration and check to:

BHS Athletic Department
502 Minnesota Ave. NW.,
Bemidji, MN 56601

FOR MORE INFORMATION

Call the Bemidji High School Activities Office (218) 444-1600 ext. 63316



**MAXIMIZE
YOUR PERFORMANCE**

Bemidji Middle and High School



Athlete Name: _____ Phone: _____ DOB: _____ Sex: M F
Grade for 2021/2022 school year: _____ T-Shirt Size: S M L XL XXL
Address: _____ City: _____ State: _____ Zip: _____
Parent Email (required): _____

HEALTH QUESTIONNAIRE

School: _____ Sport/Interest: _____
Height: _____ Weight: _____ Health care provider/phone: _____

Have you ever been diagnosed with any of the following?

- | | | |
|---|---|--|
| <input type="checkbox"/> Coronary Heart Disease | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Rheumatic Heart Disease |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Congenital Heart Disease | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Heart Murmurs | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Seizures | <input type="checkbox"/> Angina |

Other, please explain: _____

Do you have any of the following? Back pain Joint, tendon or muscular pain Lung disease

Please explain: _____

Have you experienced chest pain due to physical activity? Yes No

Have you experienced chest pain within the last month? Yes No

Have you lost consciousness or fallen due to dizziness? Yes No

Are you under a doctor's supervision for any illness or physical condition that may affect your ability to exercise? Yes No

Please explain: _____

Are you pregnant? Yes No

Please list any medications you take on a regular basis: _____

I hereby consent to having my child/active adult participate in the POWER Athletic Enhancement program. I understand that there are risks involved in such participation and relinquish Sanford Bemidji and Bemidji Middle and High School District from all liability. If my child/active adult has a pre-existing injury or medical condition, a written clearance from our physician is required before my child/active adult can participate.

Photo Waiver/Consent Statement: I give my permission for Sanford Health and Sanford Marketing & Media relations or their representatives to use my appearance in photographs, videos, audios or any other image for promotional purposes, local media interviews or stories.

Parent's or Guardian's Signature (if under 18): _____

Athlete's Signature: _____