

Sports Performance Enhancement & Explosive Development



FOR MIDDLE SCHOOL ATHLETES

The SPEED (Sports Performance Enhancement & Explosive Development) Program is a seven-week program that will help middle school athletes develop overall sports performance and athletic ability regardless of sport played. It is scheduled every Monday and Wednesday from 11:30 am to 12:30 pm.

The SPEED Program is instructed by the sports performance professionals from SSM Health Therapy Services. Each of the sessions will incorporate cardiovascular conditioning, plyometrics, speed, agility, flexibility, and core strengthening exercises with the majority of training to focus on proper technique, balance, and coordination.

The deadline to register for the program is June 11. The program will start the week of June 12 and last through the week of July 26. The cost of the program is \$80. For more questions or information, contact SSM Health Therapy Services at 920-923-7940, and ask for Tyler Schwarz. Register by completing a registration form or register online at ssmhealth.com/SPEED.

Fond du Lac Area Middle School SPEED

Open to any student who will be in fifth, sixth, seventh, or eighth grade for the 2023-24 school year.

**St. Mary's Springs High School Track
Monday and Wednesday from 11:30 am to 12:30 pm.**

Sessions:

- June 12, 14, 19, 21, 26, 28
- July 3, 5, 10, 12, 17, 19, 24, 26

***Register today by visiting ssmhealth.com/SPEED
or scan the QR code.***





Middle School Registration Form

Name: _____ M/F: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Entering Grade: _____

School: _____

Email address: _____

Registration Fee

Registration is \$80.

Deadline to register is June 11, 2023.

Consent Form

I give permission for my child _____, to participate in SSM Health Therapy Service's SPEED Program. I authorize the SSM Health Therapy Services staff to act according to their best judgment in any emergency requiring medical attention. I hereby waive and release the SSM Health Therapy Services staff from any and all liability and cost associated with the program. I further understand that I, or my medical insurance carrier will be responsible for any expenses arising from said emergency treatment. I also give the licensed athletic trainer on-site permission to evaluate and recommend treatment for any minor injury which may occur during the program. Participants will be expected to follow rules and instructions from staff. In case of emergency please contact:

Name: _____

Relationship: _____

Phone: _____

Parent/Guardian Signature: _____

Date: _____

SSM Health Photograph Release Form

Subject: _____
I, the undersigned, hereby authorize SSM Health, its employees, medical staff, consultants, and designated representatives to photograph/videotape/record athletic statistics of my son/daughter.

I understand that the photographs/videotape/recorded athletic statistics taken of my son/daughter may be used in a news article or feature story, published in a newspaper, newsletter, magazine, website, or other public medium.

This authorization shall act to expressly release SSM Health, its members, employees, medical staff, consultants, and assigns from liability related to any and all claims, demands and causes of action connected with publication of said photographs.

Parent/Guardian Signature: _____

Relationship to Subject: _____

Date: _____

To register, visit ssmhealth.com/SPEED or send registration form and check made out to:

**SSM Health Therapy Services
421 Camelot Drive
Fond du Lac, WI 54935**