

# Sports 2018: Conditioning & Strength

@ Eastbrook Academy



Build your strength and conditioning for all sports with this developmentally appropriate and bound-to-be-a-blast experience taught

By: Mr. Dainte Flenorl

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**Sports:  
Strength & Conditioning  
Academy for Girls**

Grades 5-12

**6/11-6/15**

**6/18-6/22**

**6/25-6/29**

*(M-F)*

**Sports:  
Strength & Conditioning  
Academy for Boys**

Grades 5-12

**6/11-6/15**

**6/18-6/22**

**6/25-6/29**

*(M-F)*



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Mail or bring registration and fee to: Eastbrook Academy – 5375 N. Green Bay Ave., Milwaukee, WI. 53209

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# Strength and Conditioning Academy

Name: \_\_\_\_\_ Grade (as of 9/18): \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_  
(number, street name) (city) (zip code)

Phone: \_\_\_\_\_ Gender: M F

*(Please circle)*

**For Girls**

6/11-6/15 8:00-12:00  
**\$150** (by 5/10); **\$165** (after 5/10)  
 6/18-6/22 8:00-12:00  
**\$150** (by 5/10); **\$165** (after 5/10)  
 6/25-6/29 8:00-12:00  
**\$150** (by 5/10); **\$165** (after 5/10)

**For Boys**

6/11-6/15 8:00-12:00  
**\$150** (by 5/10); **\$165** (after 5/10)  
 6/18-6/22 8:00-12:00  
**\$150** (by 5/10); **\$165** (after 5/10)  
 6/25-6/29 8:00-12:00  
**\$150** (by 5/10); **\$165** (after 5/10)

## Basketball Shooting & Skills Camps

### ACTIVITIES PARTICIPATION AND EMERGENCY MEDICAL PERMISSION

Parent/Guardian Name(s) \_\_\_\_\_ (Indicate Title: Mr., Mrs., Ms., Dr.) \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

I consent to my student's participation in EBA Summer activities. I also consent to and authorize the provision of emergency medical treatment for my student until I can be contacted and agree to be responsible for the cost. Please notify the Summer Office, in writing, regarding any medical information that should be on file.

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

EBA has permission to photograph or film my student for use in promotional materials, social media, and in-school projects. The School will NOT directly identify students by full first and last names. (Additional details are available on request.) We will assume permission is granted unless otherwise indicated. Yes\_\_\_ No\_\_\_ (Please initial.) \_\_\_\_\_

In the event of an emergency, if parents are not available, call

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_