

**Rochester Public Schools**

**Homeschool and Non-continuation (RCLS, RLS and Rochester Montessori) Registration Form - Summer 2023**

**Strength/Agility/Quickness (SAQ)**

**Century, John Marshall, and Mayo High School Weight Room**

This program prepares high school athletes to get the most out of their bodies, increase productivity, and decrease injury with strength, endurance, and flexibility. Session will be designed increase strength in each sport and foster overall development for our multi-sport athletes. Appropriate for any athlete who wants to improve their performance, this program allows you to train as many days a week as the individual wants.

**Schedule AND Information:** You need to visit your respective school’s websites for further details and weight room contact email. DO NOT contact/email the Athletic/Activities Office for information.

[www.centurypanthers.org](http://www.centurypanthers.org)

[www.johnmarshallrockets.org](http://www.johnmarshallrockets.org)

[www.mayospartans.org](http://www.mayospartans.org)

**Registration Priority:**

Grades (8-12) for this 2022-2023 academic year, if space is available 7th graders will be added

**Teams:** Any team using the weight room must have students pay the fee.

**Fee:** **$50.00 one-time per student fee for the summer of 2023. NO free or reduced fee available.**

All fees for SAQ will offset the costs associated with staffing, equipment and supervising the facility.

**Sessions Begin: Monday, June 12, 2023 and conclude Thursday, August 3, 2023 (Monday-Thursday)**

**THIS registration form needs to be turned in to your respective High School’s Athletic/Activities Office by 8:00am Monday, May 22.**

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**Student Name:**  **Grade (this year 2022-23):**

**Student Email Address:**

**Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent cell # (for emergencies ONLY)**

 **Date Signed:**

**Fall Sport:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Winter Sport:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Spring Sport:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I have my own insurance and/or will be responsible for all services rendered by a doctor or hospital

\_\_\_\_ Yes

\_\_\_\_ No