

# Spartan Youth Track & Field Club

**For Students in 3<sup>rd</sup> - 7<sup>th</sup> Grade**



**Presented by: 518 Next Level Strength & Conditioning**  
(formerly known as Spartan Strength & Conditioning)

**Dates:**

Tuesday June 12<sup>th</sup> - Thursday June 14<sup>th</sup> - Tuesday June 19<sup>th</sup>  
Thursday June 21<sup>st</sup> - Tuesday June 26<sup>th</sup> - Thursday June 28<sup>th</sup>  
(\*June 28<sup>th</sup>: final day will be a meet, time may run past 7pm)

**Time: 5:30pm - 7:00pm**

**Location: BHBL High School Track - 88 Lakehill Road Burnt Hills NY**

**What to Bring: Sneakers, Water bottle, Weather appropriate attire**

**Questions/Concerns: Contact Coach George: [518nextlevel@gmail.com](mailto:518nextlevel@gmail.com)**

**Spartan Youth Track & Field club is designed for students who want to explore Track & Field, the different events offered, and how to properly perform these events. Varsity Coaches & Athletes will assist in trainings, all abilities welcome!**

**Camp Fee: \$65 per student (\*please complete and return bottom portion with payment\*)**

**Send Payment to: 518 Next Level Strength & Conditioning - PO BOX 2777 Glenville, NY 12325**

**Please provide email for receipt confirmation - Checks payable to: 518 Next Level Strength & Conditioning**



*Please cut off bottom portion and enclose with Registration Fee (Check or Cash Accepted)*

CAMPER NAME(S)	GRADE	T-SHIRT SIZE (circle)	EMAIL (TO CONFIRM)
1.		Youth S M L Adult S M L XL 2XL	
2.		Youth S M L Adult S M L XL 2XL	

**Emergency Contact Information**

*In case of emergency, please contact:* \_\_\_\_\_  
Name/Relationship Phone

**\*\*Special Instructions/Medical Conditions or Allergies Staff should be aware of:**

**Parental Consent/Participation Waiver:**

I hereby grant permission for my child to attend Spartan Youth Track & Field Club. I verify that my child has had a physical exam in the past year and is able to participate in the activities related to this club. I agree to indemnify, hold harmless: Jonathan George, Burnt Hills School District, and all Spartan Youth Track & Field Club staff from any liability for injury to my child, as well as any injury or damage caused by my child. Should medical treatment for my child become necessary, I hereby authorize any physician or trainer selected by camp personnel to order and conduct medical or surgical procedures necessary.

X \_\_\_\_\_  
Parent or Guardian signature

\_\_\_\_\_  
Date