Fort Yuma Wellness Center Strength & Conditioning Camp	
Athlete's Mame: Age: Age:	6th grade—12th grade
Grade entering: Sex: Male / Female T-shirt size:	Location: Fort Yuma Wellness Center
Enrolled Tribal Member: Yes/No If yes, please specify tribe	(1890-A San Pasqual School Rd, Winterhaven, Ca 92283)
Athlete's contact Number: Home/Cell:	June 13, 2023—July 20, 2023
Does athlete have any recent medical conditions (asthma, allergies, broken bones etc.)?	Camp Meets: Tuesday — Thursday
Yes/No	Time: 7:30am to 10:00am
If yes, please specify:	Transportation is NOT provided
Emergency Contact Information:	Program goals and notes:
Contact Name: Contact Number:	• Speed, strength, and agility development
Assumption of risk and Social media consent:	Develop life-long exercise adherence
I, the undersigned, acknowledge my child is in good health to participate in this sports program conducted by The Fort Yuma Wellness Center. I am fully aware of the dangers and possibilities of injury during any sporting event and release The Quechan Wellness Staff, The Quechan Indian	• Educate the importance of proper nutrition and hydration
Tribe, and it's volunteers from any liability that could occur during this program.	• You may bring cleats, just remember we will
I also acknowledge, The Wellness Center will be taking various pictures/videos of all athletes dur-	also be inside weight-room. (no open- toe shoes allowed in facility)
ing camp drills and exercises. I understand my child's Images taken will be subject to The Well- ness Center's social media page and/or future flyers/infographics for promotional purposes only.	 We will be exercising indoor and outdoors, please dress and hydrate accordingly
Parent/guardian name (print) Date	Contact information:
Parent/guardian name (print) Date	Michael (Lewis) Throssell, Wellness Center Supervisor

760-572-4057, wellnesscenter@quechantribe.com

Parent/guardian signature

Date