



ROCK SCHOOL ATHLETIC DEVELOPMENT

WWS students in grades 5—8 don't miss out on... "ROCK SCHOOL"

ROCK SCHOOL hosted by **Coach Jake Gilbert, Athletic Performance Coach Tavio Henson**, & several WHS & WMS coaches from various sports. Rock School will focus on weight training, agility, speed training, flexibility, mobility, and core strengthening.

ROCK SCHOOL ATHLETIC DEVELOPMENT

WWS boys and girls in grades 5 through 8 are encouraged to join our Westfield athletic development program guaranteed to improve all athletes. This after-school program is for all kids, regardless of age or sport. Rock School is offered in two sessions and will meet every Tuesday and Thursday from 5:00 to 6:00 p.m. in the WHS weight room (Door 19) unless school is canceled or released early. Participants need a mask and athletic clothing. Covid Safety measures will be applied throughout the workout.

Come join us after school on Tuesday and Thursday from 5:00 to 6:00 p.m.

Session I: January 5 — March 25, 2021 (24 Sessions)

Session II: April 13 — May 20, 2021 (12 Sessions)

**Rock School is cancelled if school is cancelled, but on if school is delayed.*

Cost: \$100 for Session I, \$50 for Session II, \$125 for both Sessions

(\$2 of the camp fee is non-refundable if refunds are issued. Sibling discount: pay for two children, additional siblings are free)

Payment is due with enrollment on day 1. Pay at the door. Checks payable to Westfield Washington Schools.

(Scholarship assistance available upon request to Coach Jake Gilbert at gilbertj@wws.k12.in.us)

Location: WHS Weight Room

Attire: T-shirt, shorts, socks, gym shoes, mask

Inquiries: Coach Jake Gilbert (317) 625-1722 or gilbertj@wws.k12.in.us

Rocks School Athletic Development – After School Camp. Complete this tear off portion and attach a check made payable to Westfield Washington Schools. Bring it with you to day 1 of Rock School.

Student's Name: _____ T-Shirt Size: _____ Student's Grade _____ Session 1 ___ Session 2 ___ Both ___

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Parent Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ E-mail Address: _____

Primary Phone: _____ Work Phone: _____ Cell Phone: _____

AUTHORIZED CONTACTS AND PICK UP NUMBERS: (Other than listed above)

Please provide two local adults who could be reached during camp hours if parent/guardian is not available:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

HEALTH RECORDS:

Student's Physician: _____ Physician's Phone: _____ Hospital Preference: _____

Important health information: _____