

CLINIC FEES

PRE-REGISTERED

Personal Check/Money Order must be received **7 days prior** to the clinic start date.

DEADLINE

February 13th

\$50.00 per Athlete

\$50.00 per Coach

For every 5 athletes from same school, coaches' fee will be waived

MUST RECEIVE ALL REGISTRATION FORMS AND PAYMENT TOGETHER

WALK-UP REGISTRATION

CASH / MONEY ORDER / PERSONAL CHECKS ONLY

*****No Credit Cards Accepted*****

Must present signed parental consent and medical wavier form.



PAYMENT

Please make check/money order out to
Eric Ciano Strength and Conditioning Camp

MAILING ADDRESS

BROCHURE & ALL OTHER CORRESPONDENCE
Georgia Tech Strength and Conditioning Camp
150 Bobby Dodd Way, NW
Atlanta, GA 30332

DATE & START TIME

Sat February 20th 9:30 am – 3:00 pm

WHAT TO WEAR

Shorts, T-Shirts, Shoes and Cleats are Preferred

CANCELLATION

Each method of payment is considered non-refundable

QUESTIONS

If you have any questions, please call (404) 894-8648 or e-mail npeduzzi@at.gtaa.gatech.edu

Parking Directions in Wardlaw Center

DRIVING SOUTH ON I-75/85 INTO ATLANTA

Take exit #249D (North Ave) . At the top of the exit ramp, turn right onto North Avenue. Cross Techwood Drive (the first light) and continue approximately 200 yds on North Ave. Entrance to Wardlaw parking deck is on the right under the Wardlaw Building which overlooks the south end of Bobby Dodd Stadium.

DRIVING NORTH ON I-75/85 INTO ATLANTA

Take exit #249D (Spring Street/West Peachtree). At the top of the exit ramp, proceed through the first intersection (Spring St). At 2nd light take left. At next light (North Ave) take left. Go straight until you cross over I-75/85. 2nd light is Techwood Dr. Cross Techwood Drive and continue approximately 200 yds on North Ave. Entrance to Wardlaw parking deck is on the right under the Wardlaw Building which overlooks the south end of Bobby Dodd Stadium.

AFTER PARKING

There are glass doors on each level of the parking deck leading into the building. Take the elevator to the ground floor. Take a right through the double doors into the weight room.

YELLOWJACKET

STRENGTH & SPEED CLINIC



**INCOMING 6TH – 12TH GRADERS
BOYS AND GIRLS**

SAT FEBRUARY 20TH

9:30AM–3:00PM

**16 ATLANTIC COAST
CONFERENCE CHAMPIONSHIPS
IN THE PAST 7 YEARS**



“SPEED KILLS”

Our Strength/Speed camp is designed to allow athletes to learn and perform lifting and running techniques that our sports teams use to compete for championships year in and year out in the Atlantic Coast Conference. Concepts used by our Jackets include:

GAME FIELD ACTIVITIES

- Station 1:** Start and Acceleration
- Station 2:** Form Running Drills
- Station 3:** Resistance Running
- Station 4:** Medicine Ball Explosive Power
- Station 5:** Agility (Bag Drills)
- Station 6:** Agility (Cone Drills)

WT ROOM ACTIVITIES

- Station 7:** Bench/Incline Press
- Station 8:** Back/Front Squat
- Station 9:** Hang Clean
- Station 10:** Supplemental Lower Body Work
- Station 11:** Supplemental Upper Body Work
- Station 12:** Core

ATHLETES ATTENDING WILL RECEIVE

HANDS ON TRAINING

By the Georgia Tech Speed, Strength, and Conditioning Staff.

T-SHIRT

All Pre-Registered
Walk up Registration: While supplies last

NO VIDEO TAPING DURING CLINIC

REGISTRATION

Detach this section and mail

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____
 Cell Phone: _____
 School: _____
 Sport: _____ Age: _____ Grade: _____
 Person to notify in case of an emergency:

 Phone: _____

MERCHANDISE FOR SALE

Videos demonstrating all aspects of strength and speed will be for sale at the clinic.

PARENTAL RELEASE

We (I) hereby request that you accept this applicant for the Georgia Tech Strength/Speed camp during the dates set forth in this application and in consideration of your acceptance, we (I) hereby release Georgia Institute of Technology and all its employees from all claims on account of injuries, which may be sustained by our (my) child while attending the Strength/Speed camp, and we (I) agree to indemnify from any claims which may hereafter be presented by our (my) minor child as a result of any such injuries. We (I) give permission for the Georgia Institute of Technology medical personnel to administer first aid and adequate medical care in the event of any injury or illness.

Participants Name: _____
 Parent/Guardian Name: _____
 Parent/Guardian Signature: _____
 Date: _____ Phone (H): _____

1 Registration Form Per Athlete

Make additional photocopies of this registration section and wavier form for additional athletes who want to pre-register