



# **CHILES GIRLS WEIGHTLIFTING CAMP**

Join our beginner-friendly Girls Weightlifting Summer Camp! This camp is designed to introduce young girls to the basics of weightlifting in a fun, supportive, and empowering environment. With expert coaches and a focus on safety, technique, and building confidence, participants will learn proper form and strength training fundamentals. Whether you're new to weightlifting or looking to improve your skills, this camp is the perfect way to get stronger, make new friends, and have fun this summer!

## **Camp Information**

- June 9-11
- 8:30 am - 12:00 pm
- \$150 (includes t-shirt)
- Rising 5<sup>th</sup>- 8<sup>th</sup> grade

## **Questions? Contact:**

- Coach Penton
- [courtney.penton@leonschools.net](mailto:courtney.penton@leonschools.net)

Make checks payable to Leon County Schools. No cash accepted.

Send payment and registration to:

Chiles High School  
attn: Courtney Penton  
7200 Lawton Chiles Lane  
Tallahassee, FL 32312



# CHILES GIRLS WEIGHTLIFTING CAMP

## Registration Form

Student Name

<input type="text"/>																
<input type="text"/>																

Fall 2025 School \_\_\_\_\_

Fall 2025 Grade \_\_\_\_\_

Shirt Size

Youth	S	M	L	XL	
Adult	S	M	L	XL	XXL

Address \_\_\_\_\_

Parent/Guardian A \_\_\_\_\_

E-Mail \_\_\_\_\_

Phone \_\_\_\_\_

Parent/Guardian B \_\_\_\_\_

E-Mail \_\_\_\_\_

Phone \_\_\_\_\_

**Photo Permissions** I give the Chiles Girls Weightlifting Camp permission to photograph my student for camp events/activities. (Fliers, team photos, promotional materials/social media)  Yes  No

### AUTHORIZATION FOR TREATMENT

You have permission to care for our minor child named above, in case we are unavailable.  Yes  No

Current Medications \_\_\_\_\_

Current Medical Condition(s) \_\_\_\_\_

Date of Last Physical \_\_\_\_\_

Are there any drug and/or food allergies?  Yes  No

If Yes, Please List \_\_\_\_\_

I do hereby give consent for personnel and agents of the Chiles Girls Weightlifting Camp to call for, administer and/or obtain medical attention for my child in an emergency. I also hereby release personnel and agents of the Chiles Girls Weightlifting Camp/Lawton Chiles High School from any liability and/or damages as a result of participation in the camp. I also waive all rights of Entitlement concerning such loss. Any discipline/behavioral issue that occurs during camp that causes disruption of activities, the parent/guardian will be contacted, and the child will be removed from camp.

Guardian Name (Printed) \_\_\_\_\_

Date \_\_\_\_\_

Guardian Signature \_\_\_\_\_

**For Official Use Only.**

Date Received

Amount Paid

Balance Due