

# 2011 Andover High School Summer Strength and Conditioning

## Weight Training Times

Mon. Wed. Fri.

Session 1: 6:00-7:00am  
 Session 2: 6:45-7:45am  
 Session 3: 7:30-8:30am  
 Session 4: 8:15-9:15am  
 Session 5: 9:00-10:00am  
 Session 6: 9:45-10:45

## Conditioning Times

Tues. Thurs.

Lifting Session 1&2: 6:00-7:00am  
 Lifting Session 3&4: 6:45-7:45am  
 Lifting Session 5&6: 7:30-8:30am

**IMPORTANT:** Notice that the conditioning sessions have been changed. We have combined lifting sessions for conditioning. I am LIMITING LIFTING SESSIONS TO 50. FIRST COME FIRST SERVE. So list your top 3 preferences below. Sessions will be posted on the Andover High School weight room website.

**START DATE: Monday June 13th**  
**End Date : Wednesday Aug. 3rd**

## Cost : \$60

**Checks Payable to:**  
**Andover High School**  
 NO Refunds After June 17th  
**Deadline to register: June 10th**  
 No exception to June 10th deadline this year.

Mail Check and Form to:  
**Eric Johnson**  
**Andover High School**  
**2115 Andover Blvd NW**  
**Andover, MN 55304**

If you have any questions email Coach Eric Johnson at [eric.johnson@anoka.k12.mn.us](mailto:eric.johnson@anoka.k12.mn.us)

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**is is available for students that will attend Andover High School in the Fall of 2011.**

## Summer Staff

**Eric Johnson**  
 Head Boys Strength Coach  
 Assistant Varsity Football Coach

**Adam Dehnicke**  
 Assistant Varsity Football Coach  
 Assistant Varsity Baseball Coach

**Gary Grad**  
 Head Boys Basketball Coach  
 Assistant Varsity Football Coach

**John Kyvig**  
 Assistant Varsity Football Coach  
 JV Boys Golf Coach

**Mike Bobbe**  
 Assistant Varsity Football Coach  
 Assistant Boys Basketball Coach  
 Head Boys Track & Field Coach

**Rich Wilkie**  
 Head Football Coach  
 X Speed Treadmill Coach

**Jason Schneider/Kyle Mulrooney**  
 Former Andover Student Athletes

## Registration Form

Student's Name \_\_\_\_\_ Grade (Fall of 2011) \_\_\_\_\_

Parents Name \_\_\_\_\_ Parent Email \_\_\_\_\_

Emergency Contact and # \_\_\_\_\_

Session Choice 1: \_\_\_\_\_ Choice 2: \_\_\_\_\_ Choice 3: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

*I understand that I am giving permission for my son/daughter to participate in the Andover Strength Program at his/her risk and there is no insurance provided in the weight room. I understand that this form must be returned before any training may begin.  
 If your child uses an inhaler or needs other medication during training, please make sure that your child has their medication each day.*