4th Annual
Raiders Upper Limit
Readiness Camp
Mondays, Tuesdays, & Thursdays 9am-10am
June 1st– July 31st, 2025
Grades 6 & 7 (Grade Entering in Fall 2026)

Are you ready to work hard to become the best athlete that you can be? If the answer is **"YES"**, then come and join the LPA coaches and players to sharpen your athletic skills. During this camp, athletes will be able to learn basic fundamentals in the areas of strength, speed, and agility. This camp is open to all boys and girls ***entering*** grades 6th & 7th. We will meet at the LPA Weight Room.

Sessions will meet from **9am–10am on Mondays, Tuesdays, and Thursdays**
on **June 1, 2, 4, 8, 9, 15, 16, 18, 22, 23, 25, 29, 30, July 2, 13, 14, 16, 20, 21, 23, 27, 28, 30 ...23 sessions**

The camp fee is **$75 and a commitment to working hard and reaching your upper limit!** This will include instruction and T-Shirt.

Please detach the registration form and return it to the high school office before the last day of school!

If you would like to register online please use this link:
https://www.schoolpay.com/pay/for/Upper-Limit-Readiness-2026/SdwkT8b
If you have any questions please contact Coach Peterson at 218-791-9142 or email:
ppeterson@lpa.k12.mn.us

Application & Registration Form for the **2026 Raiders Readiness Camp** PLEASE PRINT

Name: _____ Age / Grade (Fall 2026):_____

Address: _____ City:_____

State: _____ Zip: _____ **Adult** Size T-Shirt (circle): S M L XL 2X

Home Phone :(_____) _____Daytime Phone: (_____) _____

Please note any medical condition we should be aware of: _____

I understand the Raiders Upper Limit Readiness Camp director and instructors will not be held responsible for injuries or loss of property while the above student is attending the camp. I do hereby release the State of Minnesota, Lake Park-Audubon School District, and the Raiders Upper Limit Readiness Camp director and instructors from all liability, including claims and suits in law or equity for any injury, fatal or otherwise. The signature below absolves the Raiders Upper Limit Readiness Camp staff of all responsibility for loss of personal property. Furthermore, I realize the risks involved to the student. I will pay, or cover through my insurance, any medical or hospital expenses, doctor bills, or other expenses which could be incurred as result of treatment given to the above named student for illness or injury while attending or subsequent to attending the Raiders Upper Limit Readiness Camp. I hereby authorize the staff of the Raiders Upper Limit Readiness Camp to act for me according to their best judgment in any emergency requiring medical attention.

Signature of Parent or Guardian: _____Date: _____

Name of Insurance: _____Policy No: _____

Checks Payable to: LPA Public Schools
Mailing Address: P.O. Box 479 Lake Park, MN 56554

COME HAVE FUN AND LEARN HOW TO REACH YOUR UPPER LIMIT!