

# Xcel FOOTBALL CROSS-TRAINING

**LOCATION: Middleton High School Wrestling Room**

**DAY: Tuesday**

**DATES: April 2 – May 7, 2019 (6 wks)**

**TIMES: 7 PM – 8 PM**

**COST: \$40**

**GRADES: 5-8**

**PROGRAM GOALS:**

1. Prevent injuries in the adolescent athlete
2. Increase strength, speed and agility to improve athletic performance in all sports
3. Become a better football player and overall athlete
4. Learn how different training techniques can improve overall athletic performance in all sports
5. Demonstrate the basic fundamentals of wrestling that apply to the sport of football
6. Increase the success of Middleton Athletics at all levels

**Instructor: Todd Goldbeck**, DPT, ATC, CSCS, STC

Doctor of Physical Therapy, Licensed Athletic Trainer, Certified Strength & Conditioning Specialist, Sports Certified Therapist

“The most important aspect of athletic development in young athletes is that they maintain a wide variety of activities as they are developing and not specialize too early. Cross-training and playing multiple sports reduces the risk of injury.”

**Special Guest: Reed Ryan** – Waunakee Football State Champion, 2X All-State Wrestler

\* Tim Krumrie Award Winner (Wisconsin State Defensive Player of the Year), North Dakota State University Full Scholarship

“Playing many different sports when I was growing up helped me to develop my overall athleticism. I would not have had the success I did in football had it not been for wrestling.”

**Please detach and return the bottom portion w/ fee to the address below or bring with you on April 2<sup>nd</sup>.**

-----  
**Child's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **T-Shirt Size:** YM YL S M L XL XXL

**Parent's Name:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

In consideration of my child's acceptance in this Xcel program, I my heirs, executors, and administrators waive and release parents, coaches, sponsors, their agents, representatives, committees, and members from any and all claims, rights and damages for injuries while participating in this program. I also give my authorization for emergency treatment. In consideration of participation in this Xcel program, the undersigned agrees that the likeness of their child may be photographed and that such an image may be published to promote Xcel.

\_\_\_\_\_ **has my permission to participate in this Xcel Program.**

**Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Checks payable to: Xcel, 4860 Highwood Circle, Middleton, WI 53562

*Disclaimer: This is not a school-sponsored activity and the Middleton-Cross Plains Area School District does not provide support or endorsement of this program/activity. It has neither reviewed nor approved the program, personnel, or activities announced in this flyer. Permission to distribute this material must not be considered a recommendation or endorsement by the school district.*

*This activity is organized and solely sponsored by a recognized parent or community organization in support of the Middleton Cross-Plains Area School District and not by the school district itself. It is recognized that the intent of the activity is to ultimately support students and families served by the Middleton-Cross Plains Area School District. Permission to distribute this material has been given by the district.*