

# STEP UP

## Strength & Conditioning Program



The Step Up Strength and Conditioning Program is a strength, conditioning and cardiovascular program designed to improve athletic development and performance potential in both children and adults. This physical training program utilizes evidence-based practices and methodologies to ensure optimized outcomes. Exercise programming can be tailored to desired specific needs.

### ***What are the primary goals of the Step Up program?***

The primary goal of the Step UP program is to increase athletic potential and overall physical conditioning. In order to reach this goal, there are various objectives considered:

1. Improve Power – The ability to generate force as quickly as possible. (Power = Force x Velocity)
2. Improve Speed – Power's successful transfer into linear velocity.
3. Improve Agility – Power's successful transfer into acceleration, deceleration, and change of direction.
4. Improve Anaerobic Energy – This pertains to high intensity, fast-twitch muscle metabolism.
5. Address and incorporate injury prevention as needed.
6. Educate the athlete on appropriate and necessary "Sport Science" topics.

### ***When is the Step Up program offered?***

The program is offered year long. There are eight (8) seasons/sessions per year. Each session lasts for a period of roughly six (6) weeks which will consist of 18 training sessions and two pre/post testing sessions. Training sessions are one hour in duration and take place three times per week (Monday, Wednesday, and Thursday). There will be various time slots throughout the day offered for each session. Please give us a call to find a time slot that works best for you at 307-688-8051. This is a rough schedule when Step Up sessions will be held:

- Spring Session—February to March
- Late Spring Session- March to April
- Summer Session—May to June
- Late Summer Session- June to August
- Fall Session—August to September
- Late Fall Session- October to November
- Early Winter Session—November to December
- Late Winter Session—January to February

### ***When is the best time of the year to participate in Step Up?***

The best time to join Step Up is either just prior to the athlete's sport or anytime during their off season. The athlete will then be ready for intensive sport practices which will maintain or even build upon the benefits received during the Step Up program. Maintaining neurological and physiological adaptations to exercise is very important because they can be lost during periods of detraining.

### ***Where are the Step Up training sessions located?***

Step Up sessions take place at Rehabilitation Services in the Stocktrail building at 508 Stocktrail Avenue, Suite D, located east of Campbell County Memorial Hospital on the corner of Sixth Street and Stocktrail Avenue.

### ***Can an athlete participate in Step Up and a school sport simultaneously?***

It is generally not recommended that a participant be both involved with Step Up and a school sport at the same time. Training involved in this program is quite demanding on the body. Adding to this strenuous training with extra additional sports and practices can lead to overtraining and can be detrimental to performance as well as health. Not to mention any added difficulty of scheduling around school sports.

There are, however, exceptions. Some sports are inherently less demanding and may allow for an athlete to participate in both. And additionally, some athletes will better handle these concurrent workloads. The option to co-participate will ultimately be up to the athlete, parent, and Step Up Coach.

### ***How much does the Step Up program cost?***

For an Step Up participant, for a 6 week session will cost \$275 for new participants and \$200 for returning participants. These prices include all 18 training sessions as well as both of the pre and post testing sessions. Checks must be payable to "Campbell County Health."

Daily Rate Pricing scenarios are common and may be considered in various circumstances. This option can be discussed with the Step Up Coach. Despite situations that call for Daily Rate Pricing, please understand that attendance is a key factor in obtaining the desired training benefits that Step Up strives to reach.

New Participant	\$275.00
Returning Participant	\$200.00
Daily Rate New Participant Pricing	\$20.00 / Day
Daily Rate Returning Participant Pricing	\$15.00/ Day

### ***Are there any requirements for the Step Up program?***

1. All included paperwork must be properly filled out.
2. A copy of a current physical (within the last year) is to be provided.
3. Participants must be free of illness and/or injury (unless otherwise discussed).
4. Participants should plan to attend as many training sessions as possible. An athlete with poor attendance will find it difficult to acquire the desired the results from the program.
5. In addition to the necessary completed paperwork and current physical, the program is to be paid in full upon starting the program.

### ***What should I expect from an Step Up workout?***

Many exercises are fast-moving and ballistic in nature (as are sports) which also means they are high impact exercises. You can expect treadmill sprints, agility drills, hurdles, stairs, jumping, weight lifting, pool workouts, and many more exercises alike. Workouts are very demanding and stress multiple systems of the body.

Training like an athlete can be very beneficial to various components that make up an individual's quality of life. While training athletic components of physical fitness, we see great advances in health components of physical fitness as well. These include cardiovascular, body composition, muscular strength, muscular endurance, and flexibility.

Each training session is an hour in duration but it is highly encouraged to show up five minutes early in order to properly warm up prior. Workouts typically consist of 6-8 athletes at a time. It is expected that the participant be in appropriate apparel. Proper workout clothing and shoes is a must, as is a personal water bottle. Work outs in the pool will require participants to have a bathing suit and towel.

It is highly advised that the athlete values his/her attendance and make an effort to keep missed sessions to a minimum. Missing too many of the workout sessions can greatly dampen the benefits of the program and the desired results may not be obtained.

### ***What is expected from me as a Step Up participant?***

First and foremost, it is expected that the athlete demonstrates a high degree of work ethic. Hard exertional effort and an enthusiasm towards self-improvement are to be expected from all athletes. Try hard and do your very best. It is not expected that you are the best—it is expected that you do your very best. You must also understand the importance of proper nutrition and quality sleep and their roles in your work effort and recovery during training. Good nutrition and adequate sleep need to be controlled variables if you want to reap the greatest possible

benefits from the program. The importance of facilitating proper recovery and adaptation to the stresses provided by chronic training stimuli can be discussed with the unknowing parent or athlete. These are important pillars of performance for any serious athlete looking to optimize sport involvement.

It is expected that the athlete possess a current degree of physical fitness and be free of any injuries that would negatively affect an Step Up workout. The types of exercises to be expected are listed above and if an athlete has an injury that prevents them to participate in any of these activities, then the program may not be the best option.

***I'm ready to sign up—how am I to register?***

1. Call 307-688-8051 to assure there is an available time slot that fits your schedule.
2. Complete all included paperwork.
3. Obtain a copy of a current physical.
4. Submit all signed forms, the physical, and your program payment.

Registration forms/payments can be personally delivered. To personally deliver, during normal business hours, bring to the Wellness office at the Energy building behind Wendy's and Common Cents Suite 125.

**All checks must be payable to Campbell County Health and are nonrefundable.**

***Do you have any additional questions regarding Step Up?***

If you have any question please contact me at:

Ashley Donahoo M.S., CEP  
E-mail- [ashley.donahoo@cchwyo.org](mailto:ashley.donahoo@cchwyo.org)  
Phone- 307-688-8051

We look forward to speaking with you!

**CAMPBELL COUNTY HEALTH HOSPITAL**  
**Step Up PROGRAM INFORMED CONSENT**

I have requested participation in the Campbell County Health Step Up program. I have read all of the provided information regarding Step Up and fully understand the program details. I understand that this document pertains to all Step Up sessions involving my participation.

I acknowledge the Step Up program is relying on all information provided by me regarding my medical history and condition before allowing me to participate in the program. I understand my participation is voluntary and I may withdraw at any time from the Step Up. I agree to indemnify and hold harmless CCH against and from any and all liability claims for personal injury to myself, obligations, or any other claim or cause of action arising from or related to my participation in the Step Up. I do have coverage under my own health insurance policy, or that of my legal guardian.

I understand there are many variables that contribute to physical training adaptations and specific results from the program cannot be guaranteed. I understand the positive relationship between attendance and physical training adaptations. I also understand the positive relationship between the strong physical effort put forth and the results of the program. I understand that due to the high performance goals and objectives of the Step Up, any missed sessions or lack of physical effort may result in less than desirable results.

I acknowledge and agree to all of the program costs and fees as they are stated in the provided information packet. I agree to fully meet required payment for each seasonal session involving any participation. Any money paid to Campbell County Health's Step Up is non-refundable. Early withdrawal does not relieve me of complete payment for the program. I am still responsible for submission of all dues owed despite any voluntary drop out of the program. I agree that all funds due to Campbell County Health will be submitted in timely fashion.

I hereby authorize any employee of CCH or representative thereof to take photographs, video, and verbal quotations from participants for advertising/marketing purposes of the Step Up. I understand that these articles of media may be used for purposes such as newspaper ads, articles, television ads, newsletters, brochures, internet web pages, or other forms of visual or audio media.

**I certify the provided information above to be true and correct in its entirety.**

\_\_\_\_\_  
Print Participant's Full Name

\_\_\_\_\_  
Signature of Participant (if 18+ years old)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Legal Guardian's Full Printed Name (if under 18 years old)

\_\_\_\_\_  
Signature of Legal Guardian (if under 18 years old)

\_\_\_\_\_  
(Date)

# CAMPBELL COUNTY HEALTH – WELLNESS – Step Up PROGRAM

## HEALTH HISTORY / GUARANTOR INFORMATION FORM

Athlete Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_ Sports: \_\_\_\_\_

Legal Guardian / Parent Name(s):

1.) \_\_\_\_\_ 2.) \_\_\_\_\_

Parent / Guardian / Phone Numbers:

1.(Cell#) \_\_\_\_\_ 2.(Cell#) \_\_\_\_\_

Best Email Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Are you currently taking any prescribed medications or OTC drugs? YES NO

If yes, please provide the following information:

Medication/Supplement	Reason for Taking	Dosage	Frequency	For how long (months/years)

Please complete the table below with the information that **currently** describes your physical activity and exercise habits.\*Regular exercise is defined as 30 minutes per day, 3 days per week, for 3 months.

Type	Frequency (per week)	Duration (min./session)	Intensity	How long have you been exercising regularly*?
<u>Continuous</u> (circle) Walk, bike, jog/run, swim, x- country ski, aerobic fitness classes or machines, other _____			(circle category) light moderate hard/vigorous	____years/____months
Strength/Resistance Exercise				
Recreational Sports				
Job/Physical Work Demands				

If you are not currently participating in regular physical activity, please indicate how long it has been since you exercised regularly (regularly = at least 3 exercise sessions of about 30 minutes or more, per week, for at least 3 months).

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Are you currently following a weight reduction diet plan? Yes\_\_\_ No\_\_\_

If so, for how long? \_\_\_\_\_Months

Is the plan prescribed by your doctor? Yes\_\_\_ No\_\_\_

Please explain the plan? \_\_\_\_\_

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Have you used weight reduction diets in the past? Yes\_\_\_ No\_\_\_ If yes, what type? \_\_\_\_\_

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Do you have, or have ever had, any of the following:

YES

NO

- |  |       |       |
|--|-------|-------|
| 1. History of heart problems, chest pain, or stroke?           | _____ | _____ |
| 2. Increased blood pressure?                                   | _____ | _____ |
| 3. Any chronic illness or condition?                           | _____ | _____ |
| 4. Difficulty with physical exercise?                          | _____ | _____ |
| 5. Advice from physician not to exercise?                      | _____ | _____ |
| 6. Recent surgery (last 12 months)?                            | _____ | _____ |
| 7. Pregnancy (now or within the last 3 months)?                | _____ | _____ |
| 8. History of breathing or lung problems?                      | _____ | _____ |
| 9. Muscle, joint, or any previous injury still affecting you?  | _____ | _____ |
| 10. Diabetes or thyroid condition?                             | _____ | _____ |
| 11. Do you smoke?  | _____ | _____ |
| 12. Obesity (more than 20% over your ideal body weight)?       | _____ | _____ |
| 13. Increased blood cholesterol?                               | _____ | _____ |
| 14. History of heart problems in immediate family?             | _____ | _____ |
| 15. Hernia, or any condition aggravated by strenuous activity? | _____ | _____ |

Please explain any yes answers: \_\_\_\_\_

Campbell County Health requires all child participants and recommends all adult participants to submit a current physical exam (within the last year) by their physician before starting the Step Up program.

**I certify that the above information is correct.**

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