

LATE SPRING 2026

PERFORMANCE PROGRAMMING BOOKLET

At Sanford Sports, we start you on the path to maximum performance. Our performance team uses proven practices to help athletes become stronger, faster, and more explosive – no matter the sport. You will finish strong and learn to perform at your max. From the fundamentals to advanced training methods, our program is designed to make you a better athlete.

Explore our programming options.

HIGH SCHOOL PERFORMANCE TRAINING CAMP

This camp caters to out-of-season high school athletes, aiming to enhance flexibility, mobility, acceleration, linear and maximum speed, agility, strength, and power. The program includes plyometrics, also known as jump training, medicine ball exercises, and strength and power training techniques to develop both vertical and horizontal forces.

- Days: Monday, Tuesday, and Thursday
- Time: 4:30-6 p.m.
- Dates: April 13th-May 21st
- Duration: 6 weeks; 18 training sessions
- Grades: 9th-12th
- Cost: \$280
- Enrollment Deadline: Wednesday, April 8, 2026

MIDDLE SCHOOL PERFORMANCE TRAINING CAMP

This camp is designed for all out-of-season middle school athletes, emphasizing foundational movement skills, body control, flexibility, mobility, acceleration, and speed development. They serve as an introduction to strength and power exercises in the weight room, laying the groundwork and foundation for more advanced training methods.

- Days: Monday, Tuesday, and Thursday
- Time: 5:30-6:30 p.m.
- Dates: April 13th-May 21st
- Duration: 6 weeks; 18 training sessions
- Grades: 6th-8th
- Cost: \$275
- Enrollment Deadline: Wednesday, April 8, 2026

PRE-PERFORMANCE TRAINING CAMPS

These camps are designed for athletes in grades 3-5. The Pre-Performance program aims to enhance children's athletic abilities through fundamental plyometric, speed, agility, and strength training exercises. At Sanford Sports, we provide the chance to participate in a structured program under the guidance of our experienced and certified staff.

Session One

- Days: Monday and Wednesday
- Time: 6-7 p.m.
- Dates: April 13th-May 20th
- Duration: 6 weeks; 12 training sessions
- Grades: 3rd-5th
- Cost: \$185
- Enrollment Deadline: Wednesday, April 8, 2026

Session Two

- Days: Tuesday and Thursday
- Time: Tuesdays from 6-7 p.m. and Thursdays from 6:30-7:30 p.m.
- Dates: April 14th-May 21st
- Duration: 6 weeks; 12 training sessions
- Grades: 3rd-5th
- Cost: \$185
- Enrollment Deadline: Wednesday, April 8, 2026

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PERFORMANCE TRAINING & BASKETBALL ACADEMY SKILLS CAMPS

These camps are for high school and middle school athletes looking to improve their basketball performance. The program will focus on nurturing your basketball skills and cultivating strength and power development. This is the perfect way to advance your basketball abilities.

High School Boys and Girls Session

- Days: Tuesday and Thursday
- Dates: April 14th-May 21st
- Duration: 6 weeks; 12-Performance training sessions and 12-Basketball Academy skills sessions
- Training Schedule: Basketball Academy skills training from 4-5 p.m. and Performance Training from 5-6 p.m.
- Grades: 9th-11th
- Cost: \$550
- Registration Deadline: Wednesday, April 8, 2026

Middle School Boys and Girls Session

- Days: Tuesday and Thursday
- Dates: April 14th-May 21st
- Duration: 6 weeks; 12-Performance training sessions and 12-Basketball Academy skills sessions
- Training Schedule: Basketball Academy skills training from 5-6 p.m. and Performance Training from 6-7 p.m.
- Grades: 6th-8th
- Cost: \$550
- Registration Deadline: Wednesday, April 8, 2026

HOMESCHOOL PHYSICAL EDUCATION CLASS-WINTER/SPRING SEMESTER

Designed for children ages 6 to 12, this program uses performance-based activities to help students develop foundational athletic skills, improve physical fitness, and build confidence through movement. Each class provides a structured, engaging environment where students will participate in fun, age-appropriate exercises that promote strength, coordination, speed, agility, and teamwork. This is a fantastic opportunity for homeschool families to support their child's physical development in a safe, encouraging, and socially interactive setting. [This program is exclusively for homeschooled students.](#)

- Days: Mondays and Wednesdays
- Time: 11 a.m.-Noon
- Dates: January 12th-May 6th
- Duration: 17-weeks; 34 sessions
- Ages: 6-12
- Cost: \$320
- Enrollment Deadline: Open enrollment

ADULT PERFORMANCE TRAINING GROUP

Are you looking to enhance your fitness? Our Adult Performance Training program is tailored for you. It is crafted to improve your movement, boost your strength, and increase your endurance, all while promoting health and enjoyment.

- Days: Monday-Friday
- Times: 5:45-6:30 a.m. and 12-12:45 p.m. (unlimited training)
- No start date, sessions are ongoing.
- Must be 18-years old or older to purchase.
- Cost: \$125 per month, includes a monthly single membership to the facility.

***Disclaimer: Please note that there will be no make-up sessions or refunds. Payment must be completed or arranged before participating in the camp.**

To register, please visit [SanfordSports.com](#) or fill out and mail the Registration, Consent, and Permission forms.

Sanford Sports
6100 38th Street South, Suite B
Fargo, ND 58104



[sanfordsports.com](#)

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Sanford Sports Performance offers the following programming year-round. Please call us at 701-234-8999 to schedule or to obtain more information.

PERSONAL TRAINING/SMALL GROUP TRAINING-

Our Sanford Sports Performance Certified Strength and Conditioning Coaches will design a program around your goals, provide motivation, and challenge you each day. We train people of all levels and of all ages to help you reach your goals.

LARGE GROUP/TEAM TRAINING-

If you have a large group or team interested in setting up training, please contact us, and we would be happy to design a package to meet your specific needs.

SANFORD HEALTH ATHLETIC READINESS PROGRAM (SHARP)-

SHARP is an innovative and injury-specific program for athletes of all levels recovering from an injury or surgery. It is coordinated and collaborative care between Sanford Sports Performance staff and your physical therapist. This program transitions an athlete from the completion of physical therapy to fully returning to performance. SHARP integrates the philosophies of functional rehabilitation with those of sports training. The result is an individualized program, which develops dynamic stability and provides for a safe return to activities.

ADULT OPTIONS-

Sanford Sports Performance is not just for young athletes—adults (18+) are welcome! You can purchase a day pass, punch card, or monthly membership to work out in our fully equipped facility, featuring cardio and strength training areas, locker rooms, plus access to our hot and cold plunge pools. Adults may also schedule individual, partner, or group training sessions with one of our experienced strength coaches or join our Adult Performance Training Group.

Monthly Memberships (18+)

- Single - \$55 per month
- Couple - \$100 per month

Adult Performance Training Group - Looking to improve your fitness and quality of life?

Whether you are new to training or seeking a fresh challenge, our Adult Performance Training Group can help you achieve your goals. This program is designed to enhance your overall gym experience by improving your movement, build strength, and boost endurance while staying healthy and having fun. Each group session is led by a certified coach who will guide you through a safe and effective workout. The program fee includes unlimited access to daily group training, with a monthly charge. You can sign up at our front desk.

- Days: Monday, Tuesday, Wednesday, Thursday, and Friday
- Times: 5:45-6:30 AM and 12-12:45 PM (unlimited group training)
- No start date, sessions are ongoing.
- Cost: \$125 per month, includes a monthly single membership to the facility

At Sanford Sports Performance, we offer training that incorporates the latest in mobility, strength, speed, agility, plyometrics, and explosive power development. We teach safe and proper training techniques based on scientific principles supported by the National Strength and Conditioning Association (NSCA), the American College of Sports Medicine (ACSM), and USA Weightlifting. We are available to athletes of all ages, goals, and abilities.

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REGISTRATION FORM

MAIL REGISTRATION TO:

Sanford Sports
6100 38th Street South, Suite B
Fargo, ND 58104

** Disclaimer: Please note that there will be no make-up sessions or refunds. Payment must be completed or arranged before participating in the camp.*

CAMP NAME _____ **SESSION OPTION(S)** _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

CELL PHONE # _____ PARENT CELL PHONE # _____

EMAIL/PARENTAL EMAIL ADDRESS _____

AGE _____ DOB _____ GRADE (currently in school) _____ M / F _____

EMERGENCY CONTACT'S NAME _____

EMERGENCY CONTACT'S PHONE # _____ CELL PHONE # _____

SPORT(S) YOU PARTICIPATE IN _____

TRAINING EXPERIENCE _____

GOALS _____

DO YOU HAVE ANY MEDICAL CONDITIONS SUCH AS ASTHMA, DIABETES, EPILEPSY, ETC.? _____

PREVIOUS/CURRENT INJURIES _____

LIMITATIONS FROM PREVIOUS/CURRENT INJURIES _____

CONSENT FORM: I HEREBY CONSENT TO HAVING (NAME) _____
PARTICIPATE IN THE SANFORD SPORTS PERFORMANCE PROGRAM. I UNDERSTAND THAT THERE ARE RISKS
INVOLVED IN PARTICIPATION. I CERTIFY THAT HE/SHE IS MEDICALLY FIT TO PARTICIPATE IN THE TRAINING AND
ACTIVITIES. I AGREE TO RELEASE AND HOLD FREE FROM LIABILITY ALL SANFORD EMPLOYEES AND SANFORD
FOR INJURIES/ILLNESS THAT MAY OCCUR DURING OR AS A RESULT OF PARTICIPATION.

(ATHLETE'S SIGNATURE)

(DATE)

(PARENT/GUARDIAN'S SIGNATURE)

(DATE)

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PAYMENT METHOD:

CREDIT CARD TYPE _____ CREDIT CARD NUMBER _____

EXP DATE _____ NAME PRINTED ON THE CARD _____

CASH/CHECK CHECK NUMBER _____ CASH/CHECK AMOUNT _____

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Permission to Use Your Information or Image for Promotional Purposes

The information about you and your health is personal. Sanford is committed to protecting the privacy of your information. When Sanford wants to share your information for the public to see or hear, we must ask for your written permission (authorization). If you let us share your private information, you can ask how it will be used. You can also ask to stop an interview, recording, film, or photo session at any time. People will likely recognize you in a promotion or interview, so please read this form carefully and ask any questions you have before signing.

I give permission for Sanford Health, Sanford Marketing and Media Relations, and the Sanford Health Foundation or their representatives to use and share my health information for:

- Sanford promotional purposes through written, video, internet, or any other means of publication (*not applicable to Sanford Sports*)
- Local and national media interviews or stories (*not applicable to Sanford Sports*)
- Learning/Educational purposes

Information about me to be used or shared includes:

- My appearance in photographs, videos, audios, or any other image
- Information about me gathered by Sanford staff or news reporters through interviews with me, my physicians or any others involved in my care. This information may include my name and my health condition(s) related to the Sanford promotion or media interview. (*not applicable to Sanford Sports*)

The information described above becomes Sanford's property or the property of the news media. Once your information is shared, it is no longer protected under federal and state privacy laws and may be re-disclosed or re-published by others in the future. Information published on the internet is available to anyone in the world and may be accessed, reproduced, or downloaded at any time. Sanford will not receive payment of any kind for the use of your information. This permission does not include any promise to pay you.

Signing or refusing to sign this authorization will not affect your care at Sanford in any way. After you sign, you may change your mind at any time unless the information has already been used or shared. Please contact Sanford Marketing at 605-312-4300 if you change your mind and do not want your information to be used for new or future stories and promotions. This authorization will expire on _____, or five years from the date of signature if no date is entered.

Are you a current or former patient of Sanford Health? • Yes • No

Patient Name (Please Print) _____ Date of Birth _____

Signature of Patient or Personal Representative _____ Date _____ Time _____

Name of Personal Representative (if applicable) _____ Relationship to Patient _____

Witness/Organization Representative _____

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Consent for Participation

I voluntarily agree to participate in one or more of Sanford Sports's programs, including, but not limited to, its strength and performance enhancement programs, its football, basketball, baseball, golf, hockey, volleyball and other sport specific Academies, as well as its Sanford Health Athletic Readiness Program, Return to Performance and Concussion-Return to Play Programs (collectively, "Programs"). I understand that the purpose of exercise is to enhance physical performance and the purpose of rehabilitation is to work toward resuming normal physical activities, including certain contact sports. I understand that a comprehensive physical examination conducted by a physician is recommended prior to the start of any of the Programs.

To my knowledge, I am medically fit to participate in the Program(s) I have selected. I acknowledge that I have been provided more specific information regarding such Program(s), including, but not limited to, the type of exercises and/or the rehabilitation regimen involved in the Program(s), as well as the business terms and conditions applicable to the Program(s). I likewise consent to Sanford SCORE testing during my Program participation. I agree that my Sanford SCORE testing data may be used to create a user account on SanfordSports.com. I acknowledge that any potential use of SanfordSports.com shall be subject to the terms, conditions, and notices provided on the SanfordSports.com website. I also acknowledge that any testing data collected during my participation in Sanford Sports programs may be publicly displayed in real time within the facility. In the event any of my testing data establishes a new top score in a particular event or category, I agree that Sanford Sports may publicly post my name and top score within the facility and on any internet or social media platforms directly associated with Sanford Sports.

I understand that while participating in the Program(s), certain changes may occur which may cause discomfort. Examples include lightheadedness, dizziness, nausea, muscle fatigue and muscle soreness. In rare instances, abnormal blood pressure responses, irregularities in heartbeat, and other cardiovascular problems could occur. There is a possibility of straining a muscle or spraining a ligament during exercise. Muscle and joint soreness may be experienced during the initial 24-48 hours following exercise or rehabilitation. Soreness should decrease following exercise and rehabilitation, as I adapt to the routine(s). I understand that I need to implement proper progression of exercise and rehabilitation, including warm-up and cool down procedures, to minimize soreness and the risk of injury.

I acknowledge the inherent risks associated with the use of hot and cold plunge pools, including but not limited to thermal shock, fainting, and slipping. I have consulted with a healthcare professional regarding my fitness for such activities and will comply with all safety instructions provided by Sanford. I agree to waive and claims against Sanford, its employees, and affiliates for injuries or damages arising from my use of the plunge pools.

I understand that a Sanford Sports staff member will be available during normal business hours of Sanford Sports in which I exercise and/or rehabilitate; however, direct supervision will only be available during any personal instructional session(s) I may schedule as part of the Program(s). If I suspect an injury has occurred during my participation in any Program, I agree to contact a Sanford Sports staff member immediately. I authorize the Sanford Sports staff to act for me in an emergency requiring medical attention, according to their best judgment.

While I understand that it is believed that regular exercise will result in improved physical fitness and rehabilitation will result in improvement of a condition caused by injury, the extent of individual improvement is dependent upon many factors. I understand that compliance with an exercise or rehabilitation program and personal effort are highly significant determinants of success. Also, increased knowledge of safe and effective training methods is an additional benefit.

I acknowledge that I have been informed of the most common complications and consequences associated with the Program(s). I accept that this consent form does not spell out every possible risk or complication associated with the Program(s) I have selected to participate in. I know that if I do not understand any of what I have read, have special concerns, or simply desire more detailed information, I should ask more questions and get more information before signing this consent. I am also acknowledging that I am satisfied with the explanation I have been given about exercise and rehabilitation and the risks associated with the Program(s).

I release and agree to defend, indemnify and hold harmless Sanford, its subsidiaries and affiliates (collectively, "Sanford"), and Sanford's officers, directors, trustees, medical staff, employees, and agents from all claims, liability and damages related to or arising from my participation in the Program(s). I also understand that this agreement shall bind me, my heirs, successors and personal representative.

I acknowledge that I have read (or it has been read to me) and understand the information on this consent form and am signing on my own free will.

Date

Signature of Participant

Date

Signature of Sanford Sports staff

I consent to my son's/daughter's participation in the Program(s) at Sanford Sports and certify that my child is medically fit to participate in the Program(s) and hereby authorize the Sanford Sports staff to act for me in an emergency requiring medical attention for my child, according to their best judgment.

Date

Signature of Parent or Guardian

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