Cougar Football Camps, Inc.

2017 Summer Football Camp

**Cougar Football**

**GRADES 4 – 8, SEPARATED BY GRADE**

 DATES: July 10 thru July 21 (Monday thru Friday)

 TIMES: 1:30 – 5:00 P.M.

 FEES: $350 both weeks (T-shirt included)

Full Gear FOOTBALL Camp

(fOOTBALL EQUIPMENT SUPPLIED)

CAMP GOAL: TO DEVELOP FUNDAMENTALS AND TECHNIQUES ASSOCIATED WITH TACKLE FOOTBALL

(Quantity of contact based on appropriate skill level or readiness)

Instructor: Kevin Macy, Head Football Coach, Campolindo High School, has been conducting summer football camps in Moraga for over a decade. The camp will be staffed with a full complement of experienced coaches and a certified trainer.

 Location: Campolindo High School Lower Field (Please report to Campolindo Small Gym for checkin)

WEEK ONE: July 10-14

 Monday: Introduce drills (shirts and shorts only)

 Tuesday: Position skills development; begin issuing gear

 Wednesday: Position skills development; finish issuing gear

 Thursday: Team development; all players in full gear

 Friday: Introduce controlled contact drills

WEEK TWO: July 17-21

 Monday: Introduce tackling mechanics; install offensive plays

 Tuesday: Form offensive team, contact progression

 Wednesday: Form defensive team, rate contact readiness

 Thursday: Introduce limited contact scrimmage

 Friday: Full scrimmage and camp awards

ATTENDANCE AT BOTH WEEKS PREFERRED; ATTENDANCE FOR FIRST OR SECOND WEEK

ALLOWED IF CONFLICT; FEE: $175.00 per week

Mail registration form & check to: Cougar Football Camps, Inc.

1209 Claiborne Drive, Walnut Creek, CA 94598

**QUESTIONS? Coach Kevin Macy, 280-3950 x 5163 or 932-1579**

 **COUGAR FOOTBALL CAMPS, INC.**

**SUMMER FOOTBALL CAMP REGISTRATION FORM**

 **Please include a self-addressed envelope to receive a mailed receipt. Otherwise, your canceled check will be considered proof of payment. Make checks payable to Cougar Football Camps, Inc. Use a separate form for each camper.**

 **NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City and Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **School in September: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade in Sept.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Parent/Guardian name/address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Father/Guardian Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_**

 **Mother/Guardian Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_**

 **T-shirt size: Adult T-Shirt Size: \_\_\_\_SMALL \_\_\_\_MEDIUM \_\_\_\_LARGE \_\_\_\_X-LARGE \_\_\_\_XX-LARGE**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMERGENCY INFORMATION**

 **Each participant must fill out all the following information and**

 **have a legal guardian’s signature BEFORE they can participate!**

 **In the event of illness or injury, notify the following person(s) if the parent cannot be reached.**

 **Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone: \_\_\_\_\_\_\_\_\_\_Home Phone: \_\_\_\_\_\_\_\_\_\_Cell Phone:\_\_\_\_\_\_\_\_\_\_**

 **Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone: \_\_\_\_\_\_\_\_\_\_Home Phone: \_\_\_\_\_\_\_\_\_\_Cell Phone:\_\_\_\_\_\_\_\_\_\_**

 **Family physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_**

 **Medical Insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_**

 **Last Tetanus immunization date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact lens \_\_\_\_Y \_\_\_\_N If yes, \_\_\_\_hard \_\_\_\_soft**

 **Special medical problems: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **My child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has my permission to participate in the Cougar Football Camps, Inc. summer football camp. I understand that campers who are unruly and/or disruptive will be sent home without refund. I release Cougar Football Camps, Inc., its instructors and assistants from any liability arising from my child’s participation in said program. I understand this sport involves an inherent risk of bodily injury. I understand, acknowledge and agree that the Cougar Football Camps, Inc., its employees, officers, agents, or volunteers shall not be liable for any injury or illness suffered by my child, which is incident to and/or associated with preparing for and/or participating in said program. I understand that I hold Cougar Football Camps, Inc., its officers, agents and employees harmless from any and all liability or claims, which may arise as a result of my or my child’s participation in said programs. I understand that the Cougar Football Camps, Inc. does not provide health and medical insurance for the participants. Consent is hereby given to the instructors and/or coordinators to seek aid if required in the case of emergency.**

**I/we have read and give our consent to authorize Emergency Medical Care for my child.**

**Parent/Guardian Signature Date**