

Cougar Football Camps, Inc.

2018 Summer Football Camp

Cougar Football

FRESHMAN FOOTBALL CAMP

DATES: July 9 thru July 20 (Monday thru Friday)

TIMES: 1:30 – 5:00 P.M.

FEES: \$400 both weeks (T-shirt included)

CAMP GOAL: TO DEVELOP FUNDAMENTALS AND TECHNIQUES TO PREPARE FOR HIGH SCHOOL FOOTBALL

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.

****PLEASE NOTE THAT ALL INSTRUCTION AND DRILLS WILL BE CONDUCTED IN ACCORDANCE WITH NORTH COAST SECTION AND STATE LAWS RELATING TO EQUIPMENT & CONTACT**

Location: Campolindo High School (Please Report to Campolindo Small Gym)

WEEK ONE: July 9-13

Monday: Introduce drills (shirts and shorts only)
Tuesday: Position skills development;
Wednesday: Position skills development;
Thursday: Team development;
Friday: Introduce special team positions

WEEK TWO: July 16-20

**** Parent Meeting will be held after practice this week for those interested in Campo Football**

Monday: Defensive position skill development
Tuesday: Offensive position skill development
Wednesday: Introduce defensive alignments
Thursday: Introduce offensive play development
Friday: Coordinate huddle mechanics and running offensive plays

ATTENDANCE FOR FIRST OR SECOND WEEK ALLOWED IF CONFLICT; FEE: \$200.00 per week

Mail registration form & check to: Cougar Football Camps, Inc. 1209 Claiborne Drive Walnut Creek, CA 94598

QUESTIONS? Coach Kevin Macy 510-219-3522 or kcmacy@comcast.net

**** Please note that this registration form is for Cougar Camp, NOT for Campolindo Football. Per NCS rules, you will be receiving further instructions regarding Campolindo Freshman Football to the email address you provided starting the week following 8th grade graduation.**

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(s)/Guardian(s) name/address: _____

Parent/Guardian Phone: _____ Home Phone: _____ Cell Phone _____

(Please circle the best phone number(s) to be used while camp is in session)

Email _____

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! Please notify us if there is any information about your child you would like us to know.

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