

FOOTBALL

SKILLS & CONDITIONING CAMP

ARE YOU READY?

CAMP INFORMATION

Who: Ages 12-14
What: Conditioning camp through football skills
Where: West Millbrook Middle School
Date: Tuesday, August 12th – Thursday, August 14th 8am – 11am
Fee: \$75

*For more information: contact Dan Calhoun at 395-7301 or dcalhoun@wcpss.net

WHAT TO BRING

- t-shirt / shorts
- cleats (not required)
- indoor shoes (inclimate weather)
- thermos

**Ice water will be provided by staff.*

CAMP HIGHLIGHTS

Session Topics – Stance, Blocking, Passing, Catching, Kicking, Punting, Agility
Training/Conditioning & Positional Play
Instruction – Dan Calhoun – West Millbrook Head Football Coach, &
Ron Miterko, Chad Navin– West Millbrook Assistant Coaches

INSTRUCTIONS

Send registration and payment to Dan Calhoun at 9312 Leslieshire Dr. Raleigh, NC 27615

Make checks payable to: Dan Calhoun

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Football – Skills and Conditioning Camp Registration Form

Name: _____ Age: _____

Address: _____ City: _____ Zip: _____

Parent(s) or Guardian: _____

Email _____ Emergency Contact : _____

Home Phone #: _____ Work/Cellular Phone #: _____

Total enclosed _____ Cash _____ Check# _____

(SEE OTHER SIDE)

PARENTAL CONSENT AND MEDICAL TEAR-OFF BELOW

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PARENTAL CONSENT AND MEDICAL AUTHORIZATION

Liability Release & Acknowledgement: I, parent/guardian of the camper, give consent for my child to attend the Football Skills and Conditioning Camp at West Millbrook Middle School. Participation in the Football Skills and Conditioning Camp involves the risk of injury including, but are not limited to, collision with other participants, being hit by the ball, falling to the ground or into a fence, etc. By signing this form and in return for the opportunity to participate in The Football Skills and Conditioning Camp I, on behalf of myself, my children, my heirs, assigns, executors and administrators, (a) acknowledge all risks of injury and death associated with participation in The Football Skills and Conditioning Camp, (b) assume responsibility should injury or death result from these risks, (c) waive any legal rights we may have to seek payment of any kind from The Football Skills and Conditioning Camp and their employees or agents for bodily injury or death resulting from participation in The Football Skills and Conditioning Camp, and to release those parties from any liability for damages resulting from any injuries or death, (d) agree to follow all rules and procedures of the program and reasonable instructions of the coaches.

I authorize Camp Directors Dan Calhoun and his staff to act to the best of their judgment in an emergency situation requiring medical attention. I give permission for a physician or hospital emergency room to administer necessary care.

SIGNATURE: _____

DATE: _____

Insurance Company: _____

Policy #: _____

Please list any special needs (medications, previous injury, disabilities, or handicaps) which will require our coaching staffs' knowledge. _____