

Wauseon Youth Football Camp

May 31st and June 1st 2016

8:00am-10:30am

If there are school make-up days, the camp will be pushed back to June 1st and June 2nd

Little Indian Football Camp:

This camp is intended for any boy or girl entering the 5th through 8th grades for the 2016-2017 school year. Students from within **and** outside the Wauseon District are welcomed and encouraged to attend this two-day mini-camp meant to develop fundamental skills and introduce drills as well as provide a fun and enthusiastic atmosphere for learning the basics of the game of football.

When:

Tuesday May 31st and Wednesday June 1st 8am-10:30am

Where:

Campers should meet each day at the varsity practice fields located next to Wauseon Middle School to check in. The camp will utilize the JH and varsity practice fields as well as the Krauss Fieldhouse located at Harmon Field.

Who:

The camp will be staffed by members of the Wauseon Varsity Football Staff as well as current Wauseon Freshmen/JV/Varsity Football players:

What to Bring:

Campers should wear appropriate clothing and footwear for outdoor activities as well as bring something to drink if desired.

What is Provided:

A T-shirt to all campers as well as treats at the end of each camp day will be provided. Awards will be given to the top performers of camp.

Cost: \$25.00 (Check or Cash) (\$20/camper if 2 or more from a family)

Make checks payable to:

Wauseon Football Camp

Mail registration/check to:

Travis Cooper
840 Parkview St.
Wauseon, OH 43567

DEADLINE TO REGISTER: Tuesday, May 17th

*Questions?: Email Coach Cooper, tcooper@wauseonindians.org

Wauseon Football Camp

PLAYER NAME _____ GRADE (2016-17 school year) _____

ADDRESS _____ PHONE _____

T-SHIRT SIZE:
(circle one)

Youth
Medium
Large

Adult
Small
Medium
Large
X-Large
XX Large

This Emergency Medical Form consenting to emergency care and this form must be completed prior to participation in the camp

RELEASE OF LIABILITY/INFORMED CONSENT/ASSUMPTION OF RISK WAIVER

_____ (student's name) wishes to participate in the camp sponsored by the Wauseon Exempted Village School District and the Wauseon Football Program.

I am fully aware that there are special dangers and risks associated with participation in the clinic and other associated activities, including, but not limited to, the potential for falls, drops, slips, sprains, broken bones, extreme physical contact, or failure of proper equipment usage by other users. In extremely rare cases, paralysis or even sudden death can occur as a result of participation in this activity. Serious injury may also occur as the result of certain use of the equipment.

Wauseon Exempted Village School District, the activity sponsors, and all others involved in this activity have pledged to use every reasonable precaution to minimize the risk of injury to participants. Being fully informed of these risks and in consideration for being allowed to participate in this activity, I hereby assume all risk of injury, damage, and liability arising from participation. I have read this Release of Liability/Informed Consent/Assumption of Risk Waiver agreement. I fully understand this agreement and that I have given up substantial legal rights by signing it. I sign it freely and voluntarily.

Student's Signature: _____ Date: _____

Print Student Name Here: _____ Grade: _____

I certify that I am the parent/legal guardian of the above-named student, and that I have read and understand this Release of Liability/Informed Consent/Assumption of Risk Waiver agreement. I certify that I have explained the risks and dangers to my child. I certify that I have completed, signed, and returned an Emergency Medical Authorization form consenting to emergency medical treatment for my child. I hereby release and hold harmless Wauseon Exempted Village School District and its employees, volunteers and agents associated with the clinic and related activities from any liability, actions, causes of action, claims, judgment cost or expense, known or unknown at this time, arising out of or in any way related to any injury or illness incurred by my child while participating in this activity(ies). I have voluntarily chosen to allow my child to participate and assume all such dangers and risks. I request that my child be permitted to participate in this activity.

Parent/Guardian Signature: _____ Date: _____

Print Parent/Guardian Name Here: _____

Is this student covered by a medical insurance policy? Yes: _____ No: _____

If yes,
Insurance Company: _____ Policy Number: _____