

Cougar Football Camps, Inc.
2024 Summer Football Camp

Cougar Football

GRADES 5-8, SEPARATED BY GRADE

DATES: July 8-19 (Monday-Friday)

TIMES: 1:30-5:00 PM

FEES: \$500 for both weeks*

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 15 years. The camp will be staffed with a full compliment of experienced coaches.

Location: Campolindo High School Lower Field (Please report to Campolindo Small Gym for check-in)

<p>WEEK ONE: JULY 8-12 Monday: Introduce drills (shirts & 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 drills</p>	<p>WEEK TWO: JULY 15-19 Monday: Introduce tackling mechanics; install offensive plays Tuesday: Form offensive team, contact progression Wednesday: Form defensive team, rate contact readiness Thursday: Introduce scrimmage Friday: Drills and camp awards</p>
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*ATTENDANCE AT BOTH WEEKS PREFERRED; ATTENDANCE FOR FIRST OR SECOND WEEK ONLY ALLOWED IF CONFLICT. FEE \$250/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 kmacy@comcast.net

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.

PARTICIPANT NAME: _____ Phone: _____

ADDRESS: _____

City and Zip: _____

School in September: _____ Grade in Sept.: _____

_____ Parent/Guardian name/address: _____

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

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

Parent/Guardian Email _____

Adult T-Shirt Size: SMALL _____ MEDIUM _____ LARGE _____ XL _____ XXL _____

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: _____ Cell Phone: _____

Name: _____ Work Phone: _____ Cell Phone: _____ Physician:

_____ Phone: _____

Medical Insurance: _____ Phone: _____

Last Tetanus immunization date: _____ Contact lens _____ Y _____ N

If yes, _____ hard _____ soft

Special medical problems: _____

TERMS AND CONDITIONS

Assumption of Risk: The Participant, _____ ("Participant"), 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 am aware that participation in the sport of football may result in accidents or injury. **ON BEHALF OF MYSELF AND PARTICIPANT, I ASSUME ALL RISKS** for injuries, physical or mental, including costs for all treatment or related financial loss connected with Participant's participation in the summer football camp.

ON BEHALF OF MYSELF AND PARTICIPANT I HEREBY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE arising out of or related to activities of the summer football camp, whether caused by the negligence of Cougar Football Camps Inc., its employees, agents, and representatives. I further agree to indemnify and hold harmless from any damages in any monetary amount whatsoever Cougar Football Camps Inc., its employees, agents, and representatives, from an injury to Participant.

In the event of any action or claim brought as a result of or alleging injury due to Participant's conduct, either intentional or negligent, I further agree on behalf of myself and Participant to indemnify and assume all financial responsibility and hold harmless Cougar Football Camps Inc., its employees, agents, and representatives. Participant suffers from no physical impairment known to me that would limit participation in the summer football camp.

WAIVER OF LAWSUIT/LIABILITY: On behalf of myself and Participant, I hereby forever release and waive my right to bring suit against Cougar Football Camps, Inc., Acalanes Union High School District ("AUHSD") and their respective owners, officers, directors, managers, officials, trustees, agents, employees, lessees, or other representatives (the "Releases") in connection with the Participant's participation in the summer football camp, the use Cougar Football Camps, Inc.'s services and entry onto the AUHSD premises. I understand that this waiver means I am waiving, on behalf of myself and the Participant, the right to bring any claims for personal injury, death or property damage, or any other loss, including but not limited to claims of negligence, and waive any claim Participant or I may have to seek damages, whether known or unknown, foreseen or unforeseen arising from the Participant's participation in the summer football camp. In no event shall the total aggregate liability of Cougar Football Camps Inc., AUHSD and the Releases exceed the sum of \$500.00, irrespective of the claims asserted or the damages alleged to have been sustained by the Participant arising from participation in the summer football camp.

CHOICE OF LAW: I understand and agree that the laws of the State of California will govern the terms of this agreement.

I hereby give my consent to, and authorize Cougar Football Camps Inc. to make decisions concerning Emergency Medical Care for the Participant.

Participant: _____

Name (printed): _____

I am the parent or legal guardian of the Participant/minor named above. On behalf of myself and the Participant, I have the legal right to consent to and, by signing below, I hereby do consent to the Terms and Conditions set forth above which I understand will bind myself and the Participant. I have carefully read and fully understand the Terms and Conditions set forth above and, on behalf of myself and by the Participant, freely and knowingly agree to be bound by said Terms and Conditions.

Parent or Guardian Signature: _____ Date: _____

Name (printed) _____