

Cougar Football Camps, Inc.  
2022 Summer Football Camp

# Cougar Football

## GRADES 4 – 8, SEPARATED BY GRADE

DATES: July 11-July 22 (Monday thru Friday)

TIMES: 1:30 – 5:00 P.M.

FEES: \$500 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 a decade. The camp will be staffed with a full complement of experienced coaches.

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

### WEEK ONE: July 11-15

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 drills

### WEEK TWO: July 18-22 – NOTE: Camps will adhere to current COVID-19/Country Health Regulations.

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

ATTENDANCE AT BOTH WEEKS PREFERRED; ATTENDANCE FOR FIRST OR SECOND WEEK  
ALLOWED IF CONFLICT; FEE: \$250.00 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](mailto:kcmacy@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.

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 \_\_\_\_\_

Email \_\_\_\_\_ T-

shirt size: Adult T-Shirt Size: \_\_\_\_\_ SMALL \_\_\_\_\_ MEDIUM \_\_\_\_\_ LARGE \_\_\_\_\_ X-LARGE \_\_\_\_\_ XX-LARGE

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**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.

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Parent/Guardian Signature

Date

Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. The state of medical knowledge is evolving, but the virus is believed to spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and even possibly in the air. People reportedly can be infected and show no symptoms and therefore spread the disease. The exact methods of spread and contraction are unknown, and there is no known treatment, cure, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life threatening illness and even death.

Cougar Football Camps, Inc. (the "Company") cannot prevent your child from becoming exposed to, contracting, or spreading COVID-19 while participating in football related drills and activities (including blocking and tackling) (the "Activities"), utilizing the Company's services or the AUHSD premises. It is not possible to prevent against the presence of the disease. Therefore, if you and your child choose to participate in the Activities and utilize the Company's services and/or enter onto the AUHSD premises you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.

ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself and/or my child in order to allow my child to participate in the Activities and use the Company's services and enter the AUHSD premises. These services are of such value to me and my child that I accept the risk that my child may be exposed to, contract, and/or spread COVID-19 in order to allow my child to participate in the Activities, and utilize the Company's services.

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against the Company, Acalanes Union High School District ("AUHSD") and their respective owners, officers, directors, managers, officials, trustees, agents, employees, lessees, or other representatives (the "Releasees") in connection with exposure, infection, and/or spread of COVID-19 related to the Activities, the use of the Company's services and entry onto the AUHSD premises. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

CHOICE OF LAW: I understand and agree that the law of the State of California will apply to this contract.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

Participant:

\_\_\_\_\_  
Name (printed):

\_\_\_\_\_  
Date

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Release.

\_\_\_\_\_  
Name (printed):

\_\_\_\_\_  
Date

***Players must arrive with masks on and wear masks until directed by staff otherwise. Players should also bring a bag/backpack/stringpack along with a water bottle and hand sanitizer all labeled with their name.***