

2017 RED WOLVES FOOTBALL CAMP



MONDAY JULY 17th - THURSDAY JULY 20th

Two Sessions

Session I: Ages 7-11 4:00 PM to 6:00 PM

Session II: Ages 12-15 6:00 PM to 8:00 PM

(times subject to change depending on enrollment)

Clip here and save top section for the dates!

JOIN US FOR 4 DAYS OF FOOTBALL INSTRUCTION AT
CEDARCREST HIGH SCHOOL IN DUVALL

PLAYERS SHOULD HAVE A WATER BOTTLE AND FIELD TURF APPROVED
FOOTBALL SHOES OR ATHLETIC TENNIS SHOES

COST: \$80 (checks payable to CHS) It is our goal as a coaching staff to instruct and teach the fundamentals of football and emphasize teamwork, consideration of others and self-discipline. We promise each camper will go home a better football player. Our goal is to "let the campers have fun" while learning a lot about football.

This camp focuses on teaching the fundamental skills of football, including:

- Use of Equipment and Gear
 - Stance and Starting Positions
 - Proper Tackling Techniques
 - Blocking Techniques
 - Off. & Def. positions (Drills & Skills)
 - Conditioning and Agilities
 - Rules of the Game
 - Sportsmanship & Team Building Skills



Red Wolves Football Camp is a non-contact camp. Our goal for Camp is to stress the fundamentals of the game while having fun playing football. Players will leave camp with simple drills that they can work on at home, every day.

Register by completing the form below and the emergency form on the reverse side of this flyer and returning it with a check for \$80 to the address at right.

PLAYER NAME: _____

AGE: _____ GRADE IN FALL 2017: _____

TELEPHONE #: _____

YOUR SCHOOL: _____

SESSION (circle): **I** **II**

T-Shirt Size (circle) Youth S M L Adult M L XL

Order forms need to be received by July 1st, 2017 in order to guarantee jersey size.

Mail your registration to:

Red Wolves Football Camp
c/o Billy Ojeda, Head Coach
Cedarcrest High School
29000 NE 150th St.
Duvall, WA 98019
*Questions? Call Coach Ojeda @
425-844-4857 or email at
ojedaw@rsd407.org*

Emergency Medical Treatment Authorization - Please Print Clearly

Player Name _____

Parents/Guardian Name _____

Telephone _____ Cell Phone _____

Address _____

Parent/Guardians Work Phone _____

Insurance Company _____

Policy # _____

Family Physician or Health Care Provider _____

Physician/Health Care Provider Phone # _____

Preferred Hospital _____

Medical Conditions to be aware of _____

If, in the event of serious injury, your family physician or health care provider is not available or is not located in the immediate vicinity and we are unable to contact a parent, does the coaching staff have your permission to seek medical attention from the nearest physician/health care provider?

Yes _____ No _____

If your answer is "no" please specify procedure you wish the coaching staff to follow: _____

Participation in athletics can be a dangerous activity involving multiple risks of injury. Injuries can range from abrasions and bruises, to catastrophic injuries. Careful consideration should be given to the risks and dangers associated with athletics before making a decision to participate.

I/We, the undersigned, do hereby release, absolve, indemnify and hold harmless Cedarcrest High School, the Coaches, Player Coaches, Guest Coaches, and Volunteers from any liability during my/our child's participation in this football camp. I/We assume all risk and hazards incidental to my/our child's participation in this football camp.

Parent(s)/Guardian Signature _____

Date _____