

CABRILLO CONQS YOUTH FOOTBALL CAMP

HOSTED BY CABRILLO HIGH SCHOOL FOOTBALL

Contact: Coach AJ PATERAS (805) 216-5636 / pateras.alexandros@lusd.org

Camp Date:

June 23rd

***Camp Day will be Saturday from 10am-12:30pm @Cabrillo High Football Field*

Age Group:

2nd Grade thru 8th Grade

Cost:

\$25/per camper (Sibling Discount: \$40.00 per Family) Includes Camp T-shirt

All Campers Should Wear Shorts or Sweats, T-Shirt, Socks and Football Shoes (not required)

The Cabrillo Conqs Youth Football Camp is designed to provide younger student athletes with sound fundamentals and techniques in the game of football. This is a non-contact camp which will offer each athlete an opportunity to learn speed and agility drills along with football fundamentals at both offensive and defensive positions. The camp will be held at Cabrillo High School Football Stadium under the direction of Coach AJ Pateras, and the Cabrillo High Conqs coaching staff with support from Cabrillo High Football Alumni, College Athletes, and youth coaches. All athletes will be introduced into a positive learning atmosphere to help build confidence, skills, and competitive drive.

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2018 Cabrillo Conqs Youth Football Camp Consent Form Make Checks Payable to: Cabrillo High Football and Mail Check & Consent Form to: Cabrillo High School c/o Cabrillo Football 4350 Constellation Rd, Lompoc, CA 93436

Name: _____ Football Exp: _____

Position: Offense _____ Defense _____

Address: _____ City: _____

Zip: _____ Phone: _____ Age: _____ Grade in Sept 2018: _____

School Attending: _____

Email: _____

Circle T-Shirt Size: Youth M L XL or Adult S

Waiver Form and Medical Release In consideration of the Lompoc Unified School District (“District”) permitting my child to participate in this football camp, I release the “District”, its board members, employees, agents and volunteers (collectively “District”) from all liability to me and/or my child for any loss or damage, including, without limitation, my child’s injury or accidental death. I will indemnify and hold “District” harmless from and against all claims arising from my child’s participation in this football camp. I will pay all costs incident to any claim, including, without limitation, attorney’s fees. I expressly agree that this agreement is intended to be as broad and inclusive as permitted by the law of the State of California. I give permission for my child to be photographed and /or interviewed during their participation in the football camp. I authorize the use and reproduction by the “District” or anyone authorized by the “District” of any and all photographs and/or interviews of my child, without compensation to me/my child. All these photographs/video recordings shall be the property, solely and completely, of the “District”. I waive any right to inspect or approve the finished photographs/videotapes or printed matter that may be used in conjunction with them. In the event of sudden illness, accident, or injury which may occur while said minor is engaged in any activity during the Cabrillo Conqs Youth Football Camp when neither parents/guardians, or designated family physician can be contacted, I hereby give my consent pursuant to California Family Code section 6910 for emergency treatment as shall be necessary under the circumstances by a physician licensed under laws of the State of California. As parent/guardian, I agree to pay any and all costs incidental to my child’s medical treatment.

Player Name: _____ Family Physician: _____
_____ Phone: _____

Parent/Guardian Signature: _____

Date: _____ Contact Number(s): _____
