

Cougar Football Camps, Inc.
2010 Summer Football Camp

Cougar Football

**FULL GEAR FOOTBALL CAMP
(FOOTBALL EQUIPMENT SUPPLIED)**

GRADES 4 – 8, SEPARATED BY GRADE

DATES: July 12 thru July 23 (Monday thru Friday)

TIMES: 1:30 – 5:00 P.M.

FEES: \$280 both weeks (T-shirt included)

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 and a certified trainer. This is not an Acalanes Unified High School District sponsored camp.

Location: Campolindo High School

WEEK ONE (July 12-16):

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 controlled contract drills

WEEK TWO (July 19-23):

Monday: Introduce tackling mechanics; install offensive plays
Tuesday: Form offensive team, contact progression
Wednesday: Form defensive team, rate contact readiness
Thursday: Introduce limited contact scrimmage
Friday: Full scrimmage and camp awards

ATTENDANCE AT BOTH WEEKS PREFERRED; ATTENDANCE FOR FIRST OR SECOND WEEK
ALLOWED IF CONFLICT; FEE: \$150.00 per week

Mail registration form & check to: Cougar Football Camps, Inc.
1209 Claiborne Drive, Walnut Creek, CA 94598

QUESTIONS? Coach Kevin Macy, 280-3950 x 5163 or 932-1579

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 _____

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

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.

Parent/Guardian Signature

Date