

**AUTHORIZATION TO CONSENT
TO TREATMENT OF A MINOR**

I/We the undersigned parent(s) of _____,

_____ a minor do hereby give permission for the coaches of Youth Football Camp to seek emergency care for my/our child at a local medical facility if I/we cannot be reached in the event of illness or injury. It is understood that this authorization is given in advance of any specific diagnosis or treatment being required, and I/we will be contacted in the event of illness or injury as soon as possible. This authorization shall remain effective until camp ends on 7/21/13 unless sooner revoked.

(Parent/Guardian Signature) Date
**PERSON TO NOTIFY IF PARENT/GUARDIAN
NOT AVAILABLE**

Person to notify Relationship to Camper

Day Phone Evening Phone
MEDICAL INSURANCE CARRIER

Insurance Company Group Number

I.D. Number Insurance Phone Number
RELEASE OF LIABILITY

I/we, the parent/guardian of the aforementioned child, hereby give permission for my/our child to participate in the Youth Football Camp. I/we understand there are obvious known risks/dangers inherent in the participation in this program, including but not limited to injuries sustained through a fall or loss of personal property, and I/we voluntarily agree to assume such risks.

In consideration of Youth Football Camp permitting my child's participation in the camp, based on my reputation that my/our child is in proper physical health and condition to participate, I agree: 1) to assume all risk of injury to my child and all risk of damage or loss of my child's property arising from my child's participation in the camp, and 2) to release and forever discharge Youth Football Camp, it's officers, agents, host sites, employees and coaches, from any and all claims or liability for any injury including death, and for any property damage or loss which may be suffered by me or my child arising out of any connection with my child's participation in the camp.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between the camp and myself, on behalf of my/our child, and I/we sign of my own free will.

Parent/Guardian Signature Date

Printed Name Address

CAMP SCHEDULE

(Schedule subject to change.)

DAY I

- 9:00 AM ~ Check-In
- 9:30-11:30 AM ~ Practice I
- 11:30-12:30 PM ~ Lunch
- 12:30-2:30 PM ~ Practice II
- 2:30-3:00 PM ~ Break
- 3:00-4:30 PM ~ Practice III

DAY 2

- 9:00 AM ~ Check-In
- 9:30-11:30 AM ~ Practice IV
- 11:30-12:30 PM ~ Lunch
- 12:30-2:00 PM ~ Practice V
- Wrap-Up & T-Shirts to follow Practice V



**FULL GEAR
FOOTBALL CAMP!**

*Prepare Like a
Champion to Become a
Champion!*



Youth Football Camp
Ages 7-14
SATURDAY & SUNDAY
July 20-21, 2013



JAY HIGGINS : (707) 538-8593
jhiggins@srcs.k12.ca.us

GORDY ROSS: (707) 838-6865
gtross@pacbell.net





Our camp staff includes excellent high school coaches and outstanding alumni of Maria Carrillo High School. We will



teach the fundamental skills which are vital to the athlete's success as a football player. Players will experience a high energy and fast-paced program in

an environment that provides competition in the safest setting possible.

Thank you,

Jay Higgins, Camp Coordinator
Gordy Ross, Camp Director

Puma Football Camp
6975 Montecito Blvd.
Santa Rosa, CA 95409

Coach Higgins: (707) 538-8593
Coach Ross: (707) 838-6865

CAMP LOCATION

MARIA CARRILLO HS
6975 Montecito Blvd.
Santa Rosa, CA ~ 95409

REGISTRATION & FEES

Registration deadline **July 1st**
(for preferred T-shirt size)

\$60.00 per player

Make checks payable to:

Puma Football

Mail registration to:

1537 Great Heron Dr.
Santa Rosa, CA 95409

Water, Gatorade, & a Light Lunch will be provided each day

CAMP INCLUDES

- 2 Days of Fundamental Instruction
- Individual Training by Position
- Offensive Position Technique
- Defensive Position Technique
- Thorough Tackling Development
- Individual & Group Competitions
- Excellent & Enthusiastic Coaching

Contact your youth football organization to coordinate when gear will be made available for check-out.

CAMP CHECKLIST

You will need:

- | | |
|------------------------------|-------------------------------|
| • Shoulder Pads | • Cleats |
| • Helmet/Chin Strap | • Extra socks |
| • Mouthpiece | • Sunscreen |
| • Practice jersey | • Medications (inhaler, etc.) |
| • Football Pants w/ Leg Pads | • A winning attitude! |

PUMA FOOTBALL CAMP 2013 REGISTRATION FORM

Name _____ Age _____

Address _____

City _____ Zip _____

eMail _____

Home Phone _____

Cell Phone _____

School _____

Grade in fall _____

Your Team _____

Football Position _____

Restrictions on Participation _____

(T-Shirt is Included in the cost of registration)

T-Shirt Size: S M L XL XXL

Youth Size: S M L

My son has permission to attend the Puma Football Camp.

Parent Signature: _____

Parent Name: _____

(Please print)

(Please fill out the reverse side and return with payment.)

	<p>JAY HIGGINS 707-538-8593 jhiggins@srcs.k12.ca.us</p>
	<p>GORDY ROSS 707-838-6865 gtross@pacbell.net</p>

