



**BRIER TERRACE BULLDOG FOOTBALL**  
**SPRING SKILLS CAMP**

**June 11, 12, and 13**

**2:45-4:45PM**

*Presented by the Brier Terrace Football Coaching Staff  
and Guest Appearance Coaches*

*Where: Brier Terrace Football Field*

*(Transportation is not provided)*

*Cost: \$30.00 (Bulldog T-Shirt included)*

*Make Checks Payable to ESD*

This camp will stress the fundamentals of football for all positions. No experience required. Safe and sane drills will teach proper blocking and tackling without contact. Drills for speed and agility will improve overall football fitness. Athletes will learn football rules, terminology, and basic offensive and defensive play. The last drill of each day will be a surprise team competition that will change each day. Campers will have fun while increasing their football IQ.

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Please fill out the following and make checks payable to Edmonds School District. Return to Amy McVay in the main office not later than June 4, 2019.

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Grade Entering (2019-2020) \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (Home): \_\_\_\_\_

(Work): \_\_\_\_\_

(Cell): \_\_\_\_\_

(Email address): \_\_\_\_\_

Camp T-Shirt (Adult Sizes): S M L XL

Bring: water bottle, football shoes, dress for the weather

Camp Director: Aaron Langston/Head Coach Brier Terrace MS

Email Questions to: [simdev5@gmail.com](mailto:simdev5@gmail.com)

## Assumption of Risk/Permission to Participate

As a parent or guardian of a student requesting to register for participation in the BTM/MTHS Football Camp, I hereby acknowledge that I have read, understood, and agree to the following:

1. I acknowledge that the sport of football entails many risks of injury, even when played in an instructional clinic environment. These risks of injury include, but are not limited to, death, serious neck and spinal injuries (which may result in complete or partial paralysis), brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system and serious injury or impairment to other aspects of the body, general health, and well-being. \_\_\_\_\_  
(Parent initial)
2. I further certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition. \_\_\_\_\_  
(Parent initial)

### Medical Information

The following special health problems should be noted: \_\_\_\_\_

In the event of an emergency, I wish the following person to be notified in case I cannot be contacted:

\_\_\_\_\_ Phone \_\_\_\_\_

### Medical Release

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the Edmonds School District to secure emergency medical care as needed.

Name of Preferred Doctor \_\_\_\_\_ Phone \_\_\_\_\_

### Medical Insurance

I understand that I am assuming financial responsibility for medical expenses that may arise from my child's participation and that **the Edmonds School District requires but does not provide medical insurance for my child.** I certify that my child has current medical coverage under the following plan:

Health Insurance Carrier: \_\_\_\_\_ Plan Number (required): \_\_\_\_\_

***All participants are required to have medical or student accident insurance. Student accident insurance is available through your school. Contact your school's main office, head coach, or school athletic trainer for information.***

Although I understand that the Edmonds School District will make reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in this activity, including physical injury and/or death. Being fully aware of the risks, I hereby give

permission for \_\_\_\_\_ who attends \_\_\_\_\_ to  
(Student) (School)

participate in the BTM/MTHS Football Camp, \_\_\_\_\_ (date), for the purpose of practicing fundamental \_\_\_\_\_ skills in order to enhance skill and performance level.

Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
(please print)

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_