

# EDMONDS WOODWAY WARRIORS

# 2018 SPRING



# FOOTBALL CAMP

Grades K - 6th

2 Days  
**\$40**

Held by Coaches and Players  
Of Edmonds-Woodway HS

**APRIL 2<sup>ND</sup> – APRIL 3<sup>RD</sup>**  
**MONDAY – TUESDAY**  
**3:00 – 5:00**



**EDMONDS  
DISTRICT  
STADIUM**

## Registration

Mail the **completed form** (on back) and a check for **\$40.00** payable to **Edmonds School District or ESD** to:

Edmonds-Woodway H.S.  
c/o Coach John Gradwohl  
7600 212th St. SW  
Edmonds, WA 98026

The Edmonds Woodway Warriors **Spring Football Camp** will provide fundamental football instruction, team building and fun.

*Parents can stay or drop in at anytime*

Please wear tennis shoes, or football shoes, sweats or shorts.

Please **NO HATS** and **NO FOOTBALLS**

This is an instructional camp open to area residents. Parents should make arrangements to pick up their child at the end of each session.

For more information call:

**(425) 431-6226**

or email:

[gradwohlj@edmonds.wednet.edu](mailto:gradwohlj@edmonds.wednet.edu)

## **SPEED & AGILITY TRAINING**

Details and registration at:  
[www.edmondswarriors.com](http://www.edmondswarriors.com)

Only  
**\$50**  
for Eight  
Sessions

For youth athletes  
**Ages 7 to 14**

**Tuesdays & Thursdays**  
July 9<sup>th</sup> thru August 1<sup>st</sup>

**11:15am –  
12:15pm**

**Edmonds District  
Stadium**

Training conducted by Kevin Kleyla, NCSA Certified Sports Conditioning Specialist and Edmonds-Woodway H.S. Varsity Football Trainer and Coach

## **EDMONDS WARRIORS JUNIOR FOOTBALL**

Details and registration at:  
[www.edmondswarriors.com](http://www.edmondswarriors.com)



Youth Football & Cheer  
**Ages 6 to 14**

Organized by Age & Weight  
Practice begins August 6<sup>th</sup>

### Assumption of Risk/Permission to Participate

As a parent or guardian of a student requesting to register for participation in the 2018 Edmonds-Woodway High School Spring Football Camp sponsored by the Edmonds School District, I hereby acknowledge that I have read, understood, and agree to the following:

- 1. I acknowledge that football programs entail 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 initials)

- 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 initials)

Select T-shirt size → 

Shirt Size: <b>YS YM YL YXL AS AM AL</b> (Circle one) Y = Youth A = Adult
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#### 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 2018 Edmonds-Woodway High School Warrior Spring Football Camp, April 2-April 3, for the purpose of learning fundamental football skills in order to enhance skill and performance level.

Parent/Guardian Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_  
(please print)

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

Email address: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

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