

MYRON BECK

ANTONIO MORTON

D'LONDO TUCKER

DANTE CALCOTE

LHS FOOTBALL & LYSA PRESENT

COMPETE WITH PASSION

FUNDAMENTALS

YOUTH FOOTBALL CAMP

JULY 24TH TO JULY 28TH

6PM - 8PM

COST: \$35

PLEASE WEAR COMFORTABLE CLOTHING, ATHLETIC SHOES (CLEATS ARE OPTIONAL) AND BRING WATER.

FOR MORE INFORMATION CONTACT: KEAUNTEA BANKHEAD - EMAIL: BANKHEAD@EDMONDS.WEDNET.EDU OR NICHOLE WARREN - NICHOLE@LYSA.INFO

THIS IS AN OPPORTUNITY FOR KIDS K-8 TO LEARN THE BASIC FUNDAMENTALS OF FOOTBALL. -IT WILL TEACH SKILLS SUCH AS:

- RUNNING ROUTES
- RUNNING WITH THE BALL
- RECEIVING
- PASSING
- BLOCKING AND TACKLING

ADDITIONAL PARTICIPANTS WILL LEARN TO IMPROVE:

- AGILITY,
- CONDITIONING
- SPEED, AND MORE!

WHETHER YOU ARE A NEW PLAYER WANTING TO LEARN THE GAME OR A RETURNING PLAYER, THIS CAMP WILL HAVE SOMETHING FOR EVERYONE!

FEATURING: EASTERN WASHINGTON NATIONAL CHAMP DANTE CALCOTE, NATIONAL STRENGTH AND CONDITIONING ALL AMERICAN ANTONIO MORTON, FORMER WASHINGTON STATE SAFETY MYRON BECK, CURRENT STARTING EASTERN WASHINGTON CORNERBACK D'LONDO TUCKER, LHS COACHING STAFF, LYSA COACHING STAFF, AND MORE!!

MAKE CHECKS PAYABLE TO ESD:
ATTENTION: YOUTH FOOTBALL CAMP
MAIL CHECKS TO:
LYNNWOOD HIGH SCHOOL
18218 NORTH ROAD BOTHELL, WA 98012

Edmonds SCHOOL DISTRICT
Each student learning, every day!

Assumption of Risk/Permission to Participate

As a parent or guardian of a student requesting to register for participation in the Lynnwood High School Summer 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 Lynnwood High School Summer Football Camp, July 24th-28th (date), for the purpose of practicing fundamental football skills in order to enhance skill and performance level.

Parent/Guardian Name _____ Home Phone _____
(please print)

Address _____ Work Phone _____

Parent/Guardian Signature _____ Date _____