

EDMONDS WOODWAY HIGH SCHOOL

2014 WARRIOR FOOTBALL CAMP



4 Days - \$80 Scholarships available

Where: Edmonds District Stadium
Edmonds-Woodway High School

Dates: July 14th - July 17th
Monday - Thursday
3:00pm - 6:00pm

For Football Players
Ages 7-14

*Held by the staff of
Edmonds-Woodway HS
and College Place MS*



Building Future Warriors Today

To Register:
Mail the **completed form** (on back) and a **check for \$80.00** payable to **Edmonds School District** to:
Edmonds-Woodway H.S.
c/o Coach John Gradwohl
7600 212th St. SW
Edmonds, WA 98026

The Warrior Football Camp will provide sound fundamental instruction in all positions and areas of the game, both offensive and defensive.

Please wear tennis shoes, or football shoes, sweats or shorts, a camp T-shirt will be provided. Please **NO HATS** and **NO FOOTBALLS**

This is an instructional clinic 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

Speed & Agility Training <i>Details and registration at:</i> www.edmondswarriors.com	\$50 Eight Sessions	For youth athletes Ages 7 to 14	Tuesdays & Thursdays July 8th thru July 31st	10am - 11am	Edmonds District Stadium
		Training conducted by Jeff Miller , IYCA Certified Youth Speed & Agility Specialist and owner of Absolute Fitness & Sports Performance www.traincompetedominate.com			

Edmonds Warriors Junior Football
Details and registration at:
www.edmondswarriors.com



Ages 6-14
6 Levels of Play
Organized by Age & Weight
Practice begins August 5th
Games begin Sept 7th

Assumption of Risk/Permission to Participate

As a parent or guardian of a student requesting to register for participation in the 2014 Edmonds-Woodway High School 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: YS YM YL AS AM AL (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 2014 Edmonds-Woodway High School Warrior Football Camp, July 14-July 17, for the purpose of learning 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 _____