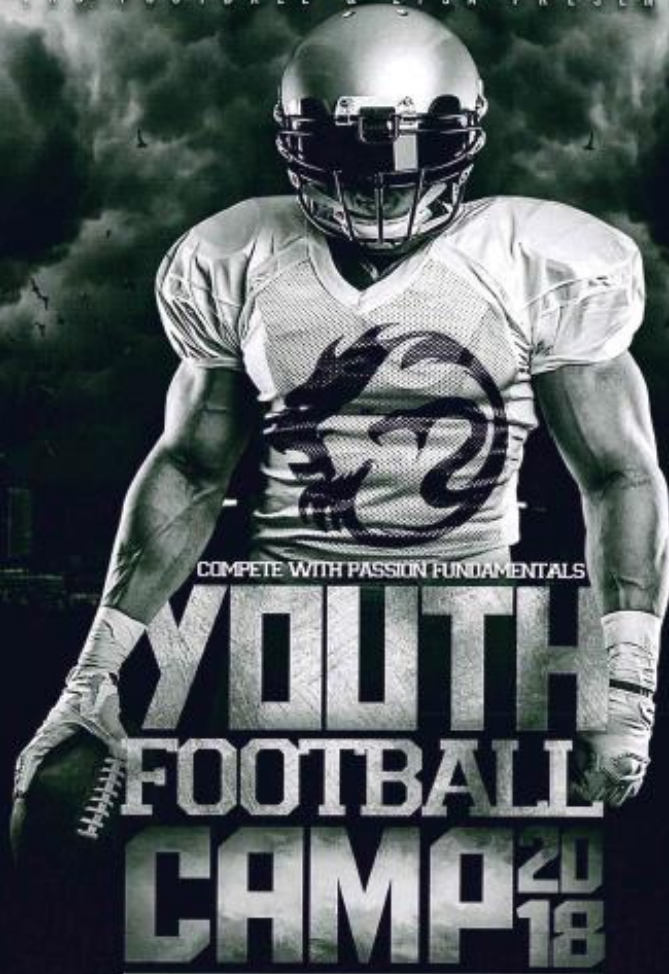


LHS FOOTBALL & LYSA PRESENTS



COMPETE WITH PASSION FUNDAMENTALS

# YOUTH FOOTBALL CAMP<sup>20</sup><sub>18</sub>

LYNNWOOD HIGH SCHOOL (MAIN FIELD)

JULY 23RD - JULY 27TH | 6PM - 8PM | COST: \$35 | AGES 5-14 BOYS + GIRLS

THE FIRST 30 KIDS TO COMPLETE REGISTRATION WITH PAYMENT WILL RECEIVE A FREE TICKET TO ATTEND LHS FOOTBALL TEAMS HOME OPENING GAME VS NATHAN HALE FRIDAY AUGUST 31ST 5PM AT EDMONDS STADIUM.

FEATURING: LHS COACHING STAFF, LYSA COACHING STAFF AND LHS FOOTBALL PLAYERS  
PLEASE WEAR COMFORTABLE CLOTHING, ATHLETIC SHOES, CLEATS ARE OPTIONAL, AND WATER.  
MAKE CHECKS PAYABLE TO ESD - MAIL TO LYNNWOOD HIGH SCHOOL ATT: YOUTH FOOTBALL CAMP

THIS IS AN OPPORTUNITY FOR KIDS K-6 TO LEARN THE BASIC FUNDAMENTALS OF FOOTBALL. IT WILL TEACH SKILLS SUCH AS RUNNING ROUTES, RUNNING WITH THE BALL, RECEIVING, PASSING, BLOCKING AND TACKLING. ADDITIONALLY, 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!

CONTACT COACH BANKHEAD AT [BANKHEADK@EDMONDS.WEDNET.EDU](mailto:bankheadk@edmonds.wednet.edu) FOR ANY QUESTIONS



Edmonds School District Presents

## LYNNWOOD FOOTBALL YOUTH CAMP

Students Entering Grades 5-9

- Individual and Group Instruction
- Emphasis on Fundamentals: Passing, Blocking, Catching, and Offensive and Defensive Position Stance.



Lynnwood High School  
18218 North Road, Bothell, WA 98012

July 23<sup>rd</sup>-July 27<sup>th</sup> 6pm-8pm  
\$30 Each Participant

**First 30 Registered participants will receive a FREE Ticket to LHS Football Home Opener**

**Instruction provided by the Lynnwood Coaching Staff, Players, and LYSA Coaching Staff.**

**Checks made payable to ESD**

**Space is Limited — Please Register Early!**

Please fill out the following and mail or turn into Lynnwood High School ASB office with a check made payable to ESD:

Lynnwood High School, Attn: Keuntea Bankhead Youth Football Camp  
18218 North Road, Bothell, WA 98012

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Current School: \_\_\_\_\_

**Assumption of Risk/Permission to Participate**

As a parent or guardian of a student requesting to register for participation in the 2018 Lynnwood High School Youth Football clinic, I hereby acknowledge that I have read, understood, and agree to the following:

1. I acknowledge that 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.

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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 Lynnwood High School Football Youth Camp clinic on July 23<sup>rd</sup> to July 27<sup>th</sup>, 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 \_\_\_\_\_