



Edmonds School District  
Mountlake Terrace High School  
Presents:



## HAWKS YOUTH FOOTBALL CAMP



Wednesday June 27<sup>th</sup> & Thursday June 28<sup>th</sup> from 6pm-8pm

Instructors: Coaches from the Mountlake Terrace High school as well as MTHS varsity players.

AGES: 6-14

Where: Mountlake Terrace High School Turf Field (in back of school)

**Cost: \$30.00 (make checks payable to "ESD")**

**CAMP T-SHIRT WILL BE PROVIDED TO ALL PARTICIPANTS**

**About the Camp:** The camp will safely teach and emphasize the fundamentals of football. Special attention will be placed on proper blocking, tackling and position techniques. Athletes attending the camp will learn drills to improve strength, speed, and flexibility. Campers will learn the basic offensive and defensive schemes and philosophy of football. In addition, emphasis will be placed on the benefits of hard work, team unity and having fun while playing football.

**Camp Director: Kelly Dougan - Head Coach Mountlake Terrace High School**

*Any questions please call or email Coach Kelly Dougan*

206-941-2220 Email: kdougan@seanet.com

**Please fill out the following information and Assumption of Risk page and bring with you to the first day of camp, along with \$30 payment (cash or check).**

**\*\*Assumption of Risk and Full Payment are REQUIRED prior to entry of field.\*\***

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

Camper/Parent Address: \_\_\_\_\_  
\_\_\_\_\_

Parent Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Camper Grade entering 2018-2019: \_\_\_\_\_

Camper T-shirt size: \_\_\_\_\_



**Assumption of Risk/Permission to Participate**

As a parent or guardian of a student requesting to register to participate in the 2018 Mountlake Terrace High School Youth Football Camp sponsored by the Edmonds School District, I hereby acknowledge that I have read, understood, and agree to the following:

- 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)
- 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)

**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 Hawks Youth Football Camp, June 27<sup>th</sup> & June 28<sup>th</sup>, for the purpose of learning fundamental football skills in order to enhance skill and performance level.

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

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

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