

## CRIMSONS FOOTBALL YOUTH CAMP

9:00 AM-12:00 PM

JUNE 27- 29TH

This camp is designed to teach youth from the ages of 9-13 football fundamentals. Our Football Staff will teach techniques to ensure that youth football players have a solid fundamental foundation. Our camp should provide youth with blocking running, catching, pass routes, and Football Theory. The youth will have classroom chalk talk with our coaching staff.

### COACHING STAFF

Coach Oliver Lucas and his staff have combine championships of 5 State Football Titles, 11 League Titles from California to Colorado. They have also won 2 Big 8 Titles and a National Champion ship.

### CAMP COST

**\$30.00**

**LUNCH AND T-SHIRT  
INCLUDED**

### EQUIPMENT

**Bring cleats, tennis shoes, and shorts.**

### CAMP DISCLAIMER

JCPS does not discriminate on the basis of race, age, color, religion, national origin, gender, disability, or sexual orientation in its programs and activities. Full participation of all individual is encouraged.

### MEDICAL WAIVER FORM

**In order for a student to participate in camp we must have this form by June 10<sup>th</sup>.**

#### Release and Medical Authorization

In order for students to participate in camp activities, parent or guardian must sign this release and medical authorization.

#### Release and Liability

In consideration of DuPont Manual n H.S. Football Camp granting the student permission to participative in the Football Camp. I hereby assume all risks of personal injury that may result from Football Camp activity. As parent/guardian, I do hereby release DuPont Manual H.S., Jefferson County School Board, Administration, Coaches, Officers, employees, and agents and all instructors and all liability, including claims and suits at law or in equity, for injury which may result from the student taking part in Football Camp Activities.

#### Medical Authorization

I hereby to authorize and give any consent to the medical training staff at DuPont Manual H.S. to perform upon or administer any reasonable, necessary.

Medical Treatment to:

Camper Name

I agree to assume all cost related to such treatment. I understand that I will be responsible for any medical or other changes in connection with student's attendance at this camp

Camper Name

Insurance Company

Policy Number

Parent/Guardian Signature

+

### REGISTRATION

NAME

ADDRESS

CITY/STATE/ZIP

HOME PHONE (INCL. Area CODE)

AGE \_\_\_\_\_ GRADE \_\_\_\_\_ 20 \_\_\_\_\_

NAME OF SCHOOL

POSITION: OFF \_\_\_\_\_ DEF. \_\_\_\_\_

T-Shirt Size S \_\_\_ M \_\_\_ LG \_\_\_ XL \_\_\_  
XXL \_\_\_\_\_

**Make Check Payable to Manual Football Boosters. Send Registration, Medical Waiver and deposit to MHS Football Boosters DUE BY JUNE 10<sup>TH</sup>.**

### HAVE YOU COMPLETED

- The Camp Registration Form
- The Medical Waiver Form-Signed by Parent.
- The Insurance Information

**LATE REGISTRATION OR  
WALK-UP add \$10.00**