Rancho Cucamonga High School

Youth Football Camp

Open to all Current 6th, 7th, & 8th Graders

**Where:** Rancho Cucamonga High School’s Football Stadium

**When:** 9:00-10:30AM on April 6,13, 20, 27

 May 4,11,18

 5:30 - 7:00PM on May 1, 8, 15

Following RCHS Spring Football Practices

**Cost:** $15 Per Day or All 10 Days for $100

RSVP PRIOR TO CAMP mark.verti@cjuhsd.net

**This is a unique opportunity for all Junior High/Middle School student-athletes to gain a competitive edge in their athletic development for high school football. This camp will focus on the development of football skills while emphasizing safety through proper technique. Each session will focus on different aspects of the game of football. Campers are expected to wear athletic shorts, t-shirt, and football cleats or athletic shoes.**

**Athlete’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_Grade in Fall of 2018\_\_\_\_\_**

**Parent’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical Conditions:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical Insurance:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Policy#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I hereby authorize the director, staff, and volunteers of RCHSSYFC to act for me according to their best judgment in any emergency medical situation. I hereby waive, release, exonerate, and discharge the Rancho Cucamonga HS and CJUHSD and the Director of the RCHSYFC and all its volunteers from any and all actions or causes known or unknown, from any injuries incurred in camp, or on the way to and/or from camp. Costs for treatment of injuries and hospitalization for illness or injuries incurred during the Football Camp will be the responsibility of the parent or guardian of the participant. I certify that my child is healthy, and has no injury or illness which would limit his participation. I also understand that no refunds will be offered for the camp.**

**Signature of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_**