## Medical Treatment and Waiver of Liability Release

List any medical conditions that camp personnel should be aware of (please use additional pages as necessary):

_____

List any medication currently taken:

_____

List any allergies:

_____

Contact information in case of emergency:

| | |
|---|---|
| **Daytime Phone:** | |
| Name: | |
| Night time phone: | |
| Name: | |
| Medical Ins. Company: | |
| Phone: | |

I hereby give my permission for SJHS sports medicine staff athletic trainers to provide any needed medical treatment for my son/daughter while he/she is attending the sports camp. I specifically give my permission for necessary and emergency care to be give to _____ (name of camper) by Lakeland Hospital and other medical treatment to providers. I attest that my son/daughter has had a physical within the last 12 months and that the physical disclosed no medical conditions other than those listed above, that would make participation in this sports camp a risk.

I hereby acknowledge that participation in this sports camp and related activities is at the sole discretion and judgment of the parent or guardian and involves an inherent risk of physical injury. I, on behalf of my son/daughter, hereby assume all such risk. I hereby release and agree to hold harmless SJHS, its Board of Trustees, students and employees, from all claims, actions, damages, and liabilities for personal injury or damage relating to or arising out of any sports camp activity except where the injury or damage is caused by the gross negligence of the high school's employees. SJHS is not responsible for lost or stolen items.

Signature of parent or legal guardian:

_____

St. Joseph High School
Athletic Department
2521 Stadium Drive
St. Joseph, MI 49085

# St. Joseph High School Football Camp

# 2016

St. Joseph High School
2521 Stadium Drive
St. Joseph, MI 49085
(269) 926-3200

# Football Camp

This five day program is for those high school football players who are entering the 9th through 12th grade. The day's session will be devoted to developing actual performance skills.

When: **July 25, 26, 27, 28, 29 2016**
**8:00 am until 1:00 pm**
Cost: **$65.00**
Location: **Dickinson Stadium**
**Bring: Football helmet and football cleats.**
Helmet is required. We will provide a helmet if a player does not bring one. **www.stjoefootball.com**

## Camp Schedule

| Monday | |
|---|---|
| 8:00 am | Registration |
| 8:30 am | Meet with Coach Church |
| 8:50 am | Practice |
| 11:40 am | Lunch |
| 12:15 pm | Weights/Film |
| 1:10 pm | Secure |

| Tuesday- Friday | |
|---|---|
| 8:00 am | Practice |
| 11:40 am | Lunch |
| 12:10 pm | Weights / film |
| 1:10 pm | Secure |

There are 3 segments that make up practice time:
**KICKING……..OFFENSE……DEFENSE**

## RETURN THIS APPLICATION WITH YOUR PAYMENT

| NAME | | |
|---|---|---|
| | | |
| ADDRESS | | |
| | | |
| CITY | STATE | ZIP |
| | | |
| NAME OF SCHOOL ATTENDING FALL 2016 | | |
| | | |
| SCHOOL CITY | | |
| | | |
| GRADE FALL 2016 | | |
| | | |

| POSITION (PLEASE SELECT TWO): | |
|---|---|
| ___ QUARTERBACK | ___ DEFENSIVE LINE |
| ___ LINEBACKER | ___ OUTSIDE LINEBACKER |
| ___ TIGHT END | ___ OFFENSIVE LINE |
| ___ WIDE RECEIVER | |
| ___ DEFENSIVE BACK (INCLUDING SAFETY) | |
| ___ RUNNING BACK (INCLUDING FULLBACK) | |

**PLEASE ENROLL ME IN THE ST. JOSEPH HS FOOTBALL CAMP PROGRAM, SCHEDULED FOR:**

**JULY 25, 26, 27, 28, 29 2016**

**ENCLOSE A CHECK FOR $65 MADE PAYABLE TO:**

**ST. JOSEPH FOOTBALL**

## MAIL FORM TO:

ST. JOSEPH HIGH SCHOOL
ATTN: COACH GANDALF CHURCH
2521 STADIUM DRIVE
ST. JOSEPH, MI 49085

## Contact Us:


**VARSITY COACH:**
**Gandalf Church**
**E-mail:**
**GChurch@sjschools.org**

**(269) 449-6553**
**Fax: (269) 926-3223**

**Visit us on the web:**
**www.stjoefootball.com**