

Enterprise High School Football Camp



A local camp designed to alleviate the high cost of other camps and to stress the fundamentals of the game of football. The camp will teach fundamental skills such as blocking/tackling techniques, passing/receiving, defensive skill work and introduction to a proper strength/conditioning program. Each camper will receive a camp T-shirt. Each camp day will include warm-ups, instruction, competitions, stations and games. Lunch will be provided daily. **This is a non-contact camp!!**

For Athletes entering Grades 3rd thru 8th Grade

Date: June 18th – 20th

Hours: 8:00 am – 12:00 pm

Costs: \$60 if registered by May 25th / \$70 if registered after May 25th

Enterprise High School Football Camp 2018 Application

Name: _____

Grade: _____ Phone # _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

T-Shirt size: _____

Please make checks payable to: Enterprise Football

Chris Combs

Enterprise HS Football Camp

Enterprise High School

3411 Churn Creek Rd.

Redding, Ca. 96002

For students/adults participating in voluntary school sponsored camp/activity

VOLUNTARY ACTIVITIES PARTICIPATION FORM
ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

Shasta Union High School District

Name of Participant	
Description of Camp/Activity	
Date(s)	
Medical Insurance Carrier and Policy Number	
Emergency Contact Name & Phone Numbers	

I authorize the above participant to participate in the described activities shown. I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities.

I understand and acknowledge that participation in these activities is completely voluntary.

I understand and acknowledge that in order to participate in these activities, I agree to assume liability and responsibility for any and all potential risks that may be associated with participation in such activities.

I understand, acknowledge, and agree that the Shasta Union High School District, its elected or appointed officials, employees, agents, and volunteers shall not be liable for any injury/illness suffered by the participant which is incident to and/or associated with preparing for and/or participating in this activity and I voluntarily assume all risk, known or unknown, of injuries, howsoever caused, even if caused, in whole or in part by the action, inaction, or negligence, of the released parties to the fullest extent allowed by law.

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I acknowledge that I have carefully read this VOLUNTARY ACTIVITIES PARTICIPATION FORM and that I understand and agree to its terms.

Parent/Guardian Signature if Participant **under** 18 years old

Date

Student/Adult Signature if Participant **over** 18 years old

Date

Note: A signed VOLUNTARY ACTIVITIES PARTICIPATION FORM must be on file with the before participating in the above camp/activity.

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