

# Youth Football Fundamentals and Skills Camp Football Theory classes Open to the Public

Cost: FREE

Grades 3rd-8th

Camp Director: Kevin Corridan

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<http://kinghighfootball.org>



## KING FOOTBALL

- Summer Camp Dates and Break out sessions for Theory Classes

- Monday June 6, 2011

- Monday June 13, 2011

- Monday June 20, 2011

- Monday June 27, 2011

- All Camp days will be from 6:00-7:00pm

- Location RUSD Stadium @ King HS

### What to Bring

T-Shirt & Shorts  
Cleats/Athletic Shoes  
Water Bottle

### WHAT NOT TO BRING

Walkman, radios, TV's, ipods, cell phones as King high school will not be responsible for any lost or stolen goods.

### Camp Mission Statement

The King High School Football Coaching Staff is developing young men of character. We will work with your student athletes to develop the mental and physical skills necessary to be successful in society. These skills may include but are not limited to team building, agility/flexibility and goal setting/attainment.

### APPLICATION and EMERGENCY CONTACT INFORMATION

Player Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Emergency #: \_\_\_\_\_

Other emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**RIVERSIDE UNIFIED SCHOOL DISTRICT**

**WAIVER and RELEASE AGREEMENT FOR PARTICIPATION IN  
VOLUNTARY DISTRICT SPONSORED ACTIVITY**

**PARTICIPANT NAME:** \_\_\_\_\_

**NAME OF SCHOOL:** Martin Luther King High School

**Description of Activity or event:** Youth Football Fundamentals and Skills Camp

**Date(s) of Activity or Event:** June 7, 13, 20 and 27, 2011 From 6:00 p.m. to 7:00 p.m.

By my signature below, I hereby give permission for my son/daughter to participate in the above-described activity. I understand that this activity is a voluntary District-sponsored activity. I understand that this activity could cause serious illness and/or injury or death, and I assume all risks for any such illness and/or injury or death. I am aware that District supervision is being provided for the above-described activity. I acknowledge that the District is not providing transportation. The parent/guardian has complete and sole responsibility for approving transportation arrangements. I further acknowledge that the District does not provide medical coverage for participants in this activity.

For and in consideration of permitting the above named child to participate in the activity described above, the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, bodily injury, property damage or wrongful death occurring to his/her child/ward or him/herself arising in any way whatsoever as a result of engaging in said activity or any activities incidental thereto wherever or however the same may occur and for whatever period said activities may continue. The undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive, discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, bodily injury, property damage or wrongful death against the District, its Board or any of its officers, agents, or employees for and of said causes of action, whether the same shall arise by the negligence of any said persons, or otherwise. The foregoing waiver does not apply in the event of the sole negligence or willful misconduct of the District.

The undersigned hereby acknowledges that he/she knowingly and voluntarily assumes all risks of bodily injury to his/her child/ward or him/herself as stated, and expressly acknowledges their intention, by executing this instrument, to exempt and relieve the District, its Board, officers, agents, and employees from any liability for personal injury, bodily injury, property damage or wrongful death that may arise out of or in any way be connected with the above-described activity. I have read and understand the foregoing and have voluntarily signed this agreement. I am aware of the potential risks involved in this activity and I am fully aware of the legal consequences of signing this instrument.

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

\_\_\_\_\_  
Participant Signature                                      Date

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Home Phone / Alternate Phone #

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code