

SAFETY

SKILLS

Storm Football



Phoenix Storm Football Club 2014 Spring Football Skills Clinic

FUNDAMENTALS

DEVELOPMENT

The Phoenix Storm Football Skills Clinic led by Pinnacle High School Head Coach Dana Zupke and his staff is designed to prepare your boys for a successful fall tackle football season. The clinic will focus on football fundamentals, agility drills, and an approach designed to expose the participants to ALL positions, while also providing skill specific instruction for the more advanced player. The clinic will be a non-contact drill based camp, so no helmets or pads will be required. Phoenix Storm Football Club 2014 Spr						RE:	Boys age 7-14 SUNDAYS (4/6; 4/13; 4/27*; 5/4; 5/11) 6:00pm - 8:00pm *4/27 Clinic time change 6:30pm - 8:30pm Reach 11 - Synthetic Stadium Field \$75 for all 5 sessions (Includes Camp T-Shirt) *50% discount for additional kids/same family* Skills Clinic Registration Form							
Participant's First/Last Na	me:			<u>'</u>										
Address:				City:				State:		Zip:				
School:		Grade:		DOB:			Age:		Weigh	t:		Height:		
Parents/Guardian Full Name:					Parents/Guardian Full N				ne:					
Home Phone: Cell Phone:		Cell Phone:			Home Phone:					Ce	ll Ph	one:		
Email (primary):				Email	(secondary)	:								
Emergency Contact First/I	ast Na	ime:	Call Di	ono					I Bol	ation:				
Home Phone:			Cell Ph	ione:					Kei	ation:				
therefore I do hereby waive, release Valley Unified School District and a arising out of any injury to the parthis form, the above named partice Parents/Guardian Full National Parents/Gu	any and c ticipant i ipant and me:	all managers, me named above of d I (parent/guan	embers, direct whom I am a dian) acknowl	ors, coad legal pai edge an	ches, organizer rent/guardian, d fully underst Signat	s, spons whethe and that ure:	er the ret t the po	pervisors, esult of ne arent/gua TION	, partici egligeno ardian c	pants, an ce or for a assumes f	d per iny ot ull ris	rsons fro ther caus k of inju Date:	m any claim se. By signir ry.	
I, the parent/guardian of the abov administered to my child/participo resulting from participation in any	int, inclu	ding authorizing	any medical t	reatmei										ident
Participant's First/Last Na														
Past or Present Health Co	ndition	is:												
Past or Present Injuries:							Dru	ıg Aller	gies:					
Insurance Company:					Policy ID:					Grou	ıp:			
Name of Policy Holder:														
Parents/Guardian Full Nai	ne:				Signat	ure:						Date:		
YES, my child intends on Phoenix Storm reserves	playing the right		dividual witho	ut expla	Phoenix Stor	m [gistrat	ion, comp	olete fo	rm, e-ma	tend	on play	ring tackle	football
Phoenix Storm - 21001		, .	•	•	•	•			@ 480- <u>1</u>	-650-1167	with	n any qu ed by P	estions. hoenix Sto	<u>irm</u>