

COACH BROWN'S 2020 FRANKLIN YOUTH FOOTBALL CAMP

(Grades 5 – 7 going into in September 2020)

The purpose of this camp is to provide an opportunity for youth to develop fundamental football skills. The camp is for students entering 5th – 7th grade. No prior football experience is required. Fundamentals will be stressed individually and as a team. Kids will learn different offensive and defensive positions and also have an opportunity to develop some special team skills. Sessions will include, some lectures and a lot of footwork and stance drills. Kids will have the opportunity to experience every offensive and defensive position and focus on skills and drills to help them develop at all positions. The final day will involve several individual and small team challenges with a chance to win a Franklin jersey. This is a non-contact camp. The camp will be held at Franklin High School using the football training facilities.

MEETS: July 21st – 23rd

LOCATION: Franklin High School – Turf

TIME: 9:00 am – 12:00 Noon

FEES: The cost of the camp is \$75.00. The cost includes a camp t-shirt for each participant and numerous awards for camp competitions.

REGISTRATION DEADLINE TO ENSURE A CAMP T-SHIRT IS JUNE 22nd

CHECKS PAYABLE TO: Franklin High School Football

Mail to: Franklin Athletics

8222 South 51st Street

Franklin, WI 53132

STAFF: Louis Brown – Head Football Coach at Franklin

Jordan Stephans – Offensive Coach at Franklin

Evan Walton – Offensive Coach at Franklin

Ken Wiske – Defensive Coach at Franklin

Several other High School Coaching staff members and many High school varsity players

- **Families will be refunded money if for any reason the camp doesn't occur.**

NOTE: Players must be in good health and be prepared for vigorous activity during the summer camp sessions. It is very likely the camp will take place during hot/humid summer weather. Players should report in shorts, t-shirt, football cleats and tennis shoes for inside. Players should also bring a water bottle. **Each player's parent or legal guardian MUST fill out the (1. Concussion form 2. Athletic camp waiver 3. Registration form) before they can participate in camp.**

ALL Forms needed are below

:

FRANKLIN YOUTH FOOTBALL REGISTRATION FORM
(One Child per Registration Form – Please Print)

Camper's Name:

_School:

Address:

_City:

_Zip:

Players Date of Birth:

Height:

Weight:

Parent's Name: _____ Grade Fall 2020 _____

Home Phone:

Parent Cell:

Adult T-Shirt Size S M L XL

Kids T-Shirt Size M L

In case of emergency, a name and phone number of a local person to contact is necessary if there is no answer at the above numbers.

Name:

Relationship:

Phone:

Athletic Camp Waiver

Required Waiver of Liability Agreement

In consideration of being able to participate in a camp for athletics at Franklin High School, the undersigned parent/guardian, my personal representatives, heirs, and next of kin, agree to release and hold harmless the Franklin Public School District, its representatives, agents, and employees from all liability for any claims, including negligence, resulting from participation in such camp.

As the parent or legal guardian of the participant listed below, I authorize my son or daughter to participate in the Athletic Camp listed below. Any illness or injuries resulting from participation in the Camp are my responsibility. Participation in the Camp is voluntary. The undersigned recognizes there are inherent dangers associated with any athletic camp. The undersigned participant may be exposed to such dangers and hereby assumes full responsibility for any risk of bodily injury, death, or property damage arising out of or related to the event. The undersigned also hereby certifies that the participant named below is in good health and has no physical impairment, injury, or illness that will make participation by the undersigned dangerous to himself/herself or others. I, as parent or guardian of participant, hereby waive my right to bargain over the terms of this waiver of liability.

In the event of illness or injury, I authorize representatives of the Franklin Public Schools to obtain medical treatment for the participant listed below. I further acknowledge that I will be responsible for any and all medical and related bills that may be incurred on behalf of the participant for any illness or injury that the participant may sustain related to, or during the Camp.

The undersigned, parent or guardian, has read this release and waiver of liability, assumption of risk agreement and fully understands its terms, and has signed it freely and voluntarily without any inducement, assurance or guarantee being made to him/her and intends his/her signature to be complete and unconditional release of all liability to the greatest extent of the law and further agrees that no oral representations, statements or inducements apart from the forgoing written agreement have been made.

Name of Camp _____

Participant _____ **Birthday** _____

Address _____

City _____ **State, Zip** _____

1. Emergency Contact _____ **Phone** _____

2. Emergency Contact _____ **Phone** _____

Medications _____

Allergies _____

School Attending in the Fall _____ **Grade** _____

Signature of Participant _____

Parent/Guardian Name (print) _____

Signature of Parent/Guardian _____ **Date** _____

This form must be completed and submitted to the athletic office in order to participate in the athletic camp.

