

# 2020 Champions Football Camp

## Who - Players entering 8<sup>th</sup> -12<sup>th</sup> grade

July 20th - July 24th - 4:30 pm - 7:40



Students currently going into grades 8 - 12 are welcome  
 \$85.00 includes instruction and all required equipment (including mouth guard), Team T-shirt and shorts  
 -equipment can be picked up July 20th @ 3:00  
 - 8<sup>th</sup> grade kids bring youth issued helmet and practice jersey

**Camp Content**

The 1<sup>st</sup> two days will be helmets and mouthguards only and the final three days will be uppers (Helmets and shoulder pads). The focus of this camp will be on individual skills and the integration of these skills into a team format.

Offensive, defensive, and special teams individual skills will be taught. In addition, offensive, defensive, and special teams team play will be taught.

**Camp Format**

Session	Game Field		Upper Practice Field	
1.	4:30-6:00	Varsity/JV Offense	4:30-5:50	8th-9th Grade Defense Position
2.	6:00-6:10	Clean Pads/Field	5:50 - 6:10	Rest/Water/Clean Equipment
3.	6:10 - 7:40	Varsity/JV Defense	6:10 - 6:20	Warm-up stretch
4.	7:40-7:50	Clean Pads/Field	6:20 - 7:40	8th-9th Grade Offense Position

**\*VARSITY/JV PLAYERS WHO ONLY PLAY OFFENSE OR DEFENSE(NOT BOTH WAYS) WILL ONLY BE AT CAMP FOR SESSION 1&2 or 3&4.**

**Camp Staff**

The Champions Football Camp will be coached and supervised by Franklin High School coaches.

**Register:** Checks should be made payable to Franklin High School. Full payment is required at time of registration. If money is an issue send coach Brown an email at [louis.brown@franklin.k12.wi.us](mailto:louis.brown@franklin.k12.wi.us)

Please Fill out in Entirety (there are three pages) – Please Print Clearly

Please return form to Franklin High School- Attn. Football by: July 15<sup>th</sup>

8222 South 51<sup>st</sup> Street, Franklin WI 53132

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Camper's Name (First and Last)

\_\_\_\_\_

Grade (2020-21 school year)

\_\_\_\_\_

Parent/Guardians' Names

\_\_\_\_\_

Home Phone Number

\_\_\_\_\_

Preferred High School Position

\_\_\_\_\_

Second Choice of Position

\_\_\_\_\_

Parent or Legal Guardian Signature

\_\_\_\_\_

Date

# 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.**

**Appendix A: Student-Athlete and Parent/Guardian Concussion Management Plan Agreement**



**Student-Athlete and Parent/Guardian  
Concussion Management Plan Agreement**

In accordance with **Wisconsin's Sideline Safety Act 172**, we read the Franklin Public Schools Concussion Management Plan and have been informed of the signs, symptoms, and risks of a sport related concussion.

The student-athlete agrees to accept responsibility for reporting his/her injuries and illness to the coaching/athletic training staff, parents/guardians, or other health care personnel including any signs and symptoms of a concussion.

We acknowledge, understand, and agree to abide by the fact that students are prohibited from any participation until the student-athlete and parent/guardian have read this plan.

We acknowledge and understand the responsibility to abide by, understand and consent to all Franklin School District concussion protocols.

We hereby acknowledge having read the Concussion Management Plan which includes the signs, symptoms, and risks of sport related concussions agree to abide by, understand and consent to all Franklin School District concussion protocols.

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Printed name of student/athlete	Signature	date
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Printed name of parent/guardian	Signature	date
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\*\*The Concussion Management Plan can be found at:

[https://www.franklin.k12.wi.us/uploaded/Education\\_Recreation\\_Dept/Kids\\_Camp/concussionmanagementplan.pdf](https://www.franklin.k12.wi.us/uploaded/Education_Recreation_Dept/Kids_Camp/concussionmanagementplan.pdf)

**Return to Athletics & Activities Department**