

G2G YOUTH FOOTBALL CLINIC 2015



JUNE 26th - 27th



CCCS presents
G2G 2015 Youth Football Clinic!

The goal of this clinic is to help student athletes improve on and off the field by teaching them sound fundamentals while emphasizing the importance of an **Participants**

Public Welcome

Incoming Grades: 1st – 8th

Clinic Highlights:

Top Drills and Techniques

coached by

Calvary Football Coaching Staff

Guest Speakers

Free Clinic Shirt



1st - 8th grade (incoming) -- \$100.00 ea.

To receive a football shirt, you must submit your form by Friday June 12th to the CCCS office. Call 702.541.3262 if you have any questions or need to make payment arrangements.

G2G Youth Football Clinic 2015

REGISTRATION/ATHLETIC WAIVER

I hereby give permission for my child, _____ who will be in
(Student's Full Name)
_____ grade for the 2015-16 school year to attend the following event:

G2G Youth Football Clinic
Friday June 26th – Saturday 27th
Event will be held on **Ministry Field.**

1st – 8th Grade (incoming) \$100.00

PLEASE MAKE CHECKS PAYABLE TO: CCCS ATHLETICS FB Clinic

Friday June 26th Session:

Will begin at **4:30 p.m.** ending at **7:00 p.m.**

CAMPERS MAY NOT BE DROPPED OFF PRIOR TO 4:00 p.m.

Saturday June 27th Session:

Will begin at **8:00 a.m.** ending at **11:00 a.m.**

CAMPERS MAY NOT BE DROPPED OFF PRIOR TO 7:30 a.m.

I certify that my child, _____, has full health and accident
Student's Full Name
coverage with _____, _____, _____.
Insurance Carrier Name Policy Number Expiration Date

This policy covers any and all accidents and injuries that may be sustained while engaging in an extracurricular athletic activity. In the event of cancellation of the above policy or substitution of the policy, I will immediately notify the school office of such action.

Further, I authorize the school to provide emergency treatment of any injury or illness my child may experience if qualified medical personnel consider treatment necessary and perform the treatment. This authorization is granted only if I cannot be reached and a reasonable effort has been made to do so.

My child and I are aware that participating in **Football** is a potentially hazardous activity. I assume all risks associated with participation in this sport, including but not limited to falls, contact with other such risks to my child are known and acknowledged by me.

List any medical conditions/allergies or chronic illnesses: _____

Family Physician: _____ Phone: _____

In case of emergency, please contact: _____
Please Print Name Clearly

Relationship to student: _____ Cell: _____ Other: _____

I understand this informed consent form and agree to its conditions on behalf of my child.

_____	_____	_____
Parent/Guardian Name – Please Print	Signature	Date
_____	_____	_____
Day Phone	Evening Phone	Cell Phone
_____	_____	_____
		Alternate Phone

T-Shirt Size

One shirt per child included in price.

Adult: Small _____ Med _____ Large _____ X-Large _____
Youth: Small _____ Med _____ Large _____

Students must register before June 12th to receive a t-shirt.

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Any questions please call 702.541.3262