|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **What you GAIN from this camp…*** **QBs- Reads, Progressions, Footwork, Proper throwing mechanics**
* **SKILL- Stances, Getting off the ball, Route running techniques, Proper catching mechanics**
* **OL- Stances, Footwork, Hand placement, Proper mechanics in the run and pass game**

**Eligibility and Registration*** **QB & SKILL Open for Athletes ENTERING GRADES 2nd – 9th Grade.**
* **O-LINE Open for Athletes ENTERING GRADES 6th – 9th**

**Date & Location*** **July 15th & 16th**
* **5:30 pm – 7:30 pm**
* **Panther Stadium**
 |  |  | ***2019 SPRING HILL FOOTBALL CAMP******Registration Form***Athlete’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade for 19-20 School Year: \_\_\_\_\_\_\_\_\_\_\_\_\_Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_T-Shirt Size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position (Circle) QB SKILL OLINETotal Cost of the Camp —$50Make checks payable to: Spring Hill Athletics ***Turn into the Athletics Office or bring Completed Registration Form And Fee When You Report On July 15th.***E-mail: jlouvier@shisd.net |  |  | **Recognition and Assumption of Risk Agreement Form** (Please Print)Name of Camper: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I, the undersigned parent/legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize said child’s participation in the Spring Hill Football Camp. In and for consideration of my child’s participation in the Spring Hill Football Camp, I hereby agree that I will not hold Spring Hill ISD, or staff, responsible for any loss, damages, or personnel injuries that he may receive as a result of participation. This waiver of liability expressly includes camp activities, or while in, on or upon the premises whereby the activity is being conducted and transportation to and from, or in connection with, said camp. I also agree to follow all instructions and procedures in order to maintain a maximum level of safety. I also understand that no medical insurance coverage will be provided and that I will make sure my child is covered in the event of a serious accident. I also give my permission for any emergency medical care or treatment by a physician, surgeon, hospital, or medical care facility that may be required, and accept the responsibility for the cost. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Signature & Date   |