

GENERAL INFORMATION

The Brandeis H.S. Freshmen Football Camp will be beneficial to any young person interested in playing high school football this coming season. The camp will be conducted by the Brandeis High School Football Coaching Staff and is available to all incoming 9th grade athletes from the Brandeis attendance zone.

AREAS OF INSTRUCTION

1. Athletes will be taught the basic fundamentals of the Brandeis Football Program to include offensive, defensive, and kicking game skills.
2. Athletes will be introduced to the Brandeis Football Strength and Conditioning Program and the benefits of proper nutrition.
3. Athletes will begin academic goal-setting and will receive instruction on academic responsibility.

BRANDEIS FOOTBALL CHAMPIONSHIP VISION

CHAMPIONS on the field
CHAMPIONS in the classroom
CHAMPIONS in the community
CHAMPIONS in Life

Brandeis
BRONCOS

T C C

T R U S T
C O M M I T
C A R E

BRANDEIS HIGH SCHOOL

2018 FRESHMEN FOOTBALL CAMP

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Attack each day with an
enthusiasm unknown to
mankind.

Jim Harbaugh

You never stay the same. You
either get better or you get
worse.

John Gruden

AUGUST 6-9, 2018

**NORTHSIDE ISD
 CONSENT TO STUDENT ACTIVITY
 PARTICIPATION
 & MEDICAL TREATMENT FORM**

Northside ISD is proud to offer the opportunity for our students to participate in the Brandeis High School M.S. Football Camp. We ask that you read and sign this form as a condition of participation in the activity.

PLEASE NOTE THAT THIS DOCUMENT HAS IMPORTANT LEGAL CONSEQUENCES, INCLUDING A RELEASE OF LIABILITY FOR INJURIES OR DAMAGES SUFFERED AND AN AGREEMENT TO INDEMNIFY NORTHSIDE ISD FOR CLAIMS ASSERTED AS A RESULT OF SUCH INJURIES OR DAMAGES. IF YOU HAVE QUESTIONS REGARDING THE EFFECT OF THIS RELEASE, YOU ARE ENCOURAGED TO CONSULT LEGAL COUNSEL.

I, as (parent or guardian) of

_____, desire that my (child/ward) participate in the Brandeis High School Middle School Football Camp and grant permission for my (child or ward) to participate and attend. I realize that any event involves some possible inherent risk of injury to my child/ward.

I VOLUNTARILY WAIVE ANY AND ALL ACTIONS, CLAIMS, AND DEMANDS FOR, UPON, OR BY REASON OF ANY DAMAGE OR LOSS TO PERSON OR PROPERTY THAT I OR MY CHILD/WARD MAY DIRECTLY OR INDIRECTLY SUFFER DURING THE COURSE OF OR AS A RESULT OF PARTICIPATION IN THIS EVENT, INCLUDING CLAIMS OR DEMANDS OF ANY ORIGIN, INCLUDING THOSE ARISING AS A RESULT OF THE NEGLIGENCE OF THE NORTHSIDE INDEPENDENT SCHOOL DISTRICT, ITS TRUSTEES, EMPLOYEES, REPRESENTATIVES, AND AGENTS, IN BOTH THEIR OFFICIAL AND INDIVIDUAL CAPACITIES, FROM ANY AND ALL SUCH CLAIMS, WHETHER BY ACT OR OMISSION.

I further understand that, as a parent or legal guardian, I may be held responsible if my child or ward causes bodily injury to other individuals, causes property damage to personal or real property, or engages in conduct that gives those individuals harmed the right to restitution. In the event third parties bring claims resulting from my child's/ward's actions, I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS THE NORTHSIDE INDEPENDENT SCHOOL DISTRICT, ITS TRUSTEES, EMPLOYEES, AND AGENTS, IN BOTH THEIR OFFICIAL AND INDIVIDUAL CAPACITIES, FROM ANY AND ALL SUCH CLAIMS.

Please check one or both, as appropriate, and then sign

___ Consent to Medical Treatment

I hereby authorize the sponsors for this event, on behalf of Northside Independent School District, in the case of medical emergency during the event, to consent to medical treatment of my child or ward,

_____ (name of child/ward)

___ Consent to Administration of Medications

I hereby request the sponsors for this event to administer to my child the medications listed on this form. I recognize that the school does not thereby undertake any ongoing duty to administer drugs or medicine, or to supervise or participate in any self-medication, all of which remain my responsibility. I understand that the school is not legally obligated to store or administer medication for students and will not do so, either on a temporary or ongoing basis, except by special agreement. Before any medication is given by the school, I will provide those medications in their original pharmacy containers, with the child's name and doctor's instructions on the label, and I will provide a written, signed authorization from a physician, including complete instructions.

My child/ward is allergic to:

My child/ward has the following special medical conditions:

My child/ward takes the following prescription medications:

I understand that this release will bind me, my assigns, my personal representatives, and my heirs. I have read and understood this Consent to Student Activity Participation and Medical Treatment and have signed it voluntarily with full knowledge of its significance, in valuable consideration of my child's/ward's participation in the event.

Parent/Guardian Name (please print) Phone Number

Parent/Guardian Signature Date

Emergency Contact (please print) Phone Number

Date: Monday, August 6th - Thursday, August 9th

Time: 8:00 AM– 10:00 AM

Location: Brandeis High School Football Field

Cost: \$30.00 (T-shirt included)

Eligible Students: incoming 9th grade football players

Payment Method: \$30 cash or check

(Make checks payable to Brandeis High School)

Can also pay in person on 1st day of camp, but clothing sizes cannot be guaranteed.

Contact Phone Number: 397-8260 (Coach Branscom)

**Mailing Address: Attn. Coach Branscom
 Brandeis High School
 13011 Kyle Seale Parkway
 San Antonio, Texas 78249**

Miscellaneous Information:

- 1. Must have completed physical on file.**
- 2. Wear athletic shorts, T-shirt, and athletic shoes (cleats and running shoes)**
- 3. Leave jewelry and valuables at home.**
- 4. Arrange to be on time and travel home at 12:00 PM.**

REGISTRATION INFORMATION

STUDENT'S NAME: _____

ADDRESS: _____

POSITION (OFFENSE /DEFENSE): _____

MIDDLE SCHOOL: _____

GRADE NEXT YEAR: _____

T-SHIRT SIZE (ADULT SIZES): S M L XL XXL

AMOUNT ENCLOSED: \$ _____