

Valley Catholic Football

Summer Camp

Valley Catholic Football is offering an instructional football camp for players entering 3rd through 8th grade. This camp is designed so that all players learn and work on the fundamental skills of being a football player. The camp will include instruction on blocking, tackling, receiving, throwing, and other skills directly related to the game of football. * Players will work on the fundamentals of these skills and will be exposed to all aspects of the game. In addition to these fundamentals we will work on developing speed and agility. Finally, we will take time to work on leadership skills for the football field and life. All of this will be taught by the Valley Catholic Varsity football coaches with assistance from current players.



*All contact will be player against bags.

Date and Time:

Camp will be held August 12th – 15th 4:00-6:00

Location:

Camp will be held at the Valley Catholic High School Football field.

Cost:

Cost of camp is \$40.00 per player. Players will receive a camp t-shirt with their participation in the camp. Checks can be made out to Valley Catholic.



Registration:

Complete the registration form and mail or bring to camp. Registration can be mailed to:

Valley Catholic Athletics C/O Nick Hegwood

4275 SW 148th Ave

Beaverton, OR 97078

OR, you may email coach Nick Hegwood at nhegwood@valleycatholic.org with the name and grade of the participant and then bring the registration and fee the first day of camp.

VALLEY CATHOLIC FOOTBALL CAMP

Registration Form

Player's Name: _____

Parent's Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____

Email: _____

Alt. Phone (in case of Emergency): _____

School: _____ Current Grade: _____

Medical Consent and Insurance

We, the undersigned parents or guardians, hereby grant permission for our child, _____ to participate in the Valley Catholic Football Camp. In consideration of being permitted to use the facilities, I hereby release said Valley Catholic School and it's trustees, administrators, and employees from any and all liability for any damage or injury that any participant or my daughter may incur while on the premises of said school, both as to any right of action that may accrue to myself, my heirs and personal representative. This release includes all claims, demands, rights, and causes of whatsoever kind of nature arising from, and by reason of, any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property and the consequences thereof, that hereafter may be sustained. It is further understood and agreed that, I hereby authorize VALLEY CATHOLIC FOOTBALL CAMP and its employees to secure the necessary medical services for my child in the event of an accident or illness. Further, I will be solely responsible for the payment of the services.

Parent/Guardian Signature:

The participant has medical insurance with:

Policy #: _____

Family Doctor: _____ Dr. Phone #:

List any allergies or pertinent physical conditions:
