



MUSTANGS

F O O T B A L L C A M P

When: June 1st, 2nd, and 3rd 2016

Where: Alderwood Middle School

Time: 2:30-4:30

- Food, fun, prizes
- Every camper receives a t-shirt
- Meet your coaching staff and former players

AMS MIDDLE SCHOOL

20000 28th Avenue W.
Lynnwood, WA 98036

Contact Coach Wilson
425 431-4349

wilsonl@edmonds.wednet.edu

This is essential training for those participating in 8th grade football next year at Alderwood. Players will learn fundamentals skills necessary for success. We want to instill more than football skills in AMS youth. We wish to develop young men of character both on and off the field.

Cost \$60

Turn in your sports paperwork for next year and receive a \$20 discount.

Limited Scholarships Available

"It's not the will to win that matters—everyone has that.

It's the will to prepare to win that matters."—

Paul "Bear" Bryant



Make Checks payable to Edmonds School District

Assumption of Risk/Permission to Participate

As a parent or guardian of a student requesting to register for participation in the 2016 Alderwood Middle School Football Camp, I hereby acknowledge that I have read, understood, and agree to the following:

1. I acknowledge that football entails many risks of injury, even when played in an instructional clinic environment. These risks of injury include, but are not limited to, death, serious neck and spinal injuries (which may result in complete or partial paralysis), brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system and serious injury or impairment to other aspects of the body, general health, and well-being. _____ (Parent initial)
2. I further certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition. _____ (Parent initial)

Medical Information

The following special health problems should be noted: _____

In the event of an emergency, I wish the following person to be notified in case I cannot be contacted:

_____ Phone _____

Medical Release

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the Edmonds School District to secure emergency medical care as needed.

Name of Preferred Doctor _____ Phone _____

Medical Insurance

I understand that I am assuming financial responsibility for medical expenses that may arise from my child's participation and that **the Edmonds School District requires but does not provide medical insurance for my child**. I certify that my child has current medical coverage under the following plan:

Health Insurance Carrier: _____ Plan Number (required): _____

***All participants are required to have medical or student accident insurance. Student accident insurance is available through your school.
Contact your school's main office, head coach, or school athletic trainer for information.***

Although I understand that the Edmonds School District will make reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in this activity, including physical injury and/or death. Being fully aware of the risks, I hereby give

permission for _____ (Student) who attends _____ (School) participate in the 2016 Alderwood Middle School clinic on June 1st, 2nd, and 3rd, for the purpose of practicing fundamental Football skills in order to enhance skill and performance level.

Parent/Guardian Name _____ Home Phone _____
(please print)

Address _____ Work Phone _____

Parent/Guardian Signature _____ Date _____