

EDMONDS WOODWAY WARRIORS

SPEED & AGILITY TRAINING

8 Sessions
\$50
 For Athletes
Ages 7-14



**Tuesdays
 &
 Thursdays**
 July 8th - July 31st
10:00am to 11:00am
Edmonds Stadium



Training conducted by
Jeff Miller, Owner
 Absolute Fitness & Sports Performance
www.traincompetedominate.com



To Register:
 Mail the **completed form** (on back)
 and a **check for \$50.00** payable to
EW Athletic Booster Club or EW ABC
to:
Edmonds-Woodway H.S.
c/o Coach John Gradwohl
7600 212th St. SW
Edmonds, WA 98026

Warrior Speed & Agility Training
 will provide complete, step by step
 coaching and training, proven to
 develop speed, helping young
 athletes reach their potential.

 Please wear athletic/running
 shoes, sweats or shorts, a t-shirt
 and bring water to each session.

This is conditioning and training open to
 area residents. Parents should make
 arrangements to pick up their child at the
 end of each session.

 For more information call:
(425) 336-2434
 or email:
info@edmondswarriors.com

2014 Warrior Football Camp <i>Details and registration at:</i> www.edmondswarriors.com	\$80 4 Days	Ages 7 to 14	July 14th - July 17th Mon, Tues, Wed, Thu	3:00pm to 6:00pm	Edmonds District Stadium
		Held by the staff of Edmonds Woodway H.S. and College Place M.S.			

**Edmonds Warriors
 Junior Football**
Details and registration at:
www.edmondswarriors.com



Ages 6-14
 6 Levels of Play
 Organized by Age & Weight
 Practice begins August 4th
 Games begin September 6th

Assumption of Risk/Permission to Participate

As a parent or guardian of a student requesting to register for participation in the 2014 Edmonds-Woodway High School Speed & Agility Training sponsored by the Edmonds School District, I hereby acknowledge that I have read, understood, and agree to the following:

1. I acknowledge that sports programs entail 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 muscular skeletal system and serious injury or impairment to other aspects of the body, general health, and well-being.

(Parent initials)

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 initials)

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 _____ who attends _____ to
(Student) (School)

participate in the 2014 Edmonds-Woodway High School Warrior Speed & Agility Training, July 8-July 31, for the purpose of improving coordination, speed, agility and athletic and performance level.

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

Address _____ Work Phone _____

Parent/Guardian Signature _____ Date _____