

2019 HARTFORD ORIOLE HIGH SCHOOL FOOTBALL CAMP



M-TH JULY 22, 23, 24, 25 4:30pm - 7:30pm

Friday JULY 26 – 9:00a.m. - 11:00a.m.

PLEASE FILL OUT BOTH FORMS

The WIAA has authorized that we follow the heat acclimatization plan during our contact camp as well as during August. We will start each day with a meeting to go over practice plans. We will then be on the field for 90 minutes, take a 30 minute break and continue for another 60-90 minutes.

Monday - Tuesday is helmets & mouthguards only

Wednesday-Friday is shoulder pads, helmets & mouthguards.

Camp Staff:

The camp will be coached by the Hartford High School Staff.

Camp Information:

This camp will be run like the first week of practice with fundamental instruction and installs.

Materials Needed:

- *Appropriate gear for outdoor workouts
- *Helmet, Mouthguard and Shoulder Pads will be provided
- *Football Shoes (Tennis shoes in the event of inclement weather)
- *A willingness to work hard in order to improve your skills

**Fill out application and send the \$30 fee by July 1 to:
Ben Skifton HUHS 805 Cedar Street Hartford WI 53027
*Please make checks out to Hartford Gridiron***

Name _____ Parent Name _____

Address _____ Phone _____

Grade this Fall 9 / 10 / 11 / 12

T- Shirt Size : (Adult) M / L / XL / XXL

My son has permission to attend the Oriole Football Camp. I certify that within the past two years he has had a physical exam and he is physically able to participate in football camp activities without restriction. In the event of illness or injury, I give my consent for medical treatment and permission to the licensed athletic trainer or attending physician to hospitalize, secure proper treatment and order injections, anesthesia, or surgery. I will be responsible for medical or other charges in connection with my son's attendance at the camp.

I acknowledge that at the Oriole Football Camp my son will participate in a sport that may involve, among other things, physical contact of the body with other persons or objects, including the ground and that at the Oriole Football Camp, he may incur a risk of injury. I specifically waive and give up and release the Oriole Football Camp Staff from the liability for any claim for damages which I or my son may have for injuries and illnesses that he may sustain at camp.

CAMPER'S SIGNATURE _____

DATE: _____

PARENT'S SIGNATURE _____

DATE: _____

SUMMER FOOTBALL CAMP CONCUSSION FORM

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

Parent Agreement:

I _____ have read the Parent Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach. I understand the possible consequences of my child returning to practice/play too soon.

Parent/Guardian Signature _____ Date _____

Athlete Agreement:

I _____ have read the Athlete Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian. I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play. I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete Signature _____ Date _____

Questions and Contact Information

Name _____ Date _____
Address _____
City _____ Zip _____ County _____
Phone _____ Email _____ Age _____
School _____ School District _____

Check all that apply. I participate in:

Football Baseball/Softball Basketball Hockey: Ice & Field Soccer Golf Volleyball Wrestling Track & Field Cross Country Cheerleading Skiing/Snowboarding Gymnastics Tennis Swimming & Diving Dance Other _____

1. Have you ever had a concussion? _____, if yes, how many? _____
2. Have you ever experienced concussion symptoms? _____ Did you report them? _____

Emergency Contacts:

Name: _____ Relationship: _____ Phone #: _____
Name: _____ Relationship: _____ Phone #: _____

PLEASE COMPLETE THIS FORM AND BRING TO CAMP