

2019 Oriole Youth Football Camp



Who: Players entering Grades 5-8

When: July 16, 17, 18

Time: 1:00-3:30 pm

What: All position youth football camp

Where: HUHS Practice Fields

Cost: \$30 per player

This is an all position youth football camp. Campers will learn positions on both sides of the ball and learn daily fundamental drills and team drills. The basic offensive and defensive schemes will be introduced and practiced. This is a great opportunity to get a start on the season. Camp will be coached and instructed by varsity coaches and players.

Campers will need football spikes and appropriate outdoor workout clothes (shorts & T-shirt)

Application/Waiver and Fee: **due by July 5**
Make checks payable to: **HARTFORD GRIDIRON**

Name _____ Parent Name _____

Address _____ Phone _____

E Mail _____

Offensive Position QB RB REC OL Defensive Position DB LB DL
(CIRCLE ONE) (CIRCLE ONE)

Grade this Fall: 5 / 6 / 7 / 8

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

PLEASE FILL OUT ALL 3 FORMS!!!!!!

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 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 Youth 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 _____

Please return this sheet to:

FOOTBALL 101 CAMPS
c/o JOHN REDDERS
805 Cedar Street
Hartford, WI 53027

camps are scheduled during the day to not interfere with evening baseball, basketball or other sports

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