



## NOGALES FOOTBALL CLINIC

**MARCH 28TH, 2015 9:00AM-12:00PM**

### **Nogales Youth Spring Football Clinic**

Nogales Football would like to invite you to join us for the first annual Nogales High School Spring Football Clinic! Middle school students and incoming freshmen are welcomed! Our football program will emphasize Fundamental Skill Development, Speed Training, Position Specific Development, 7 on 7 Passing and 1 on 1 Lineman Competitions.

#### **WHAT TO BRING & WEAR:**

- Please mark your child's water bottle clearly with their name. **WATER ONLY!** (Many bottles look the same to thirsty campers.)
- Absolutely **NO JEWELRY** is allowed.
- Campers should wear a light colored cotton T-shirt, comfy shorts and **SUNSCREEN**. Cleats are preferred. (This is **NOT** a good time to break in new shoes). Hats are permitted.
- Please have your child drink plenty of **WATER** and limit the amount of caffeine the day prior to camp. This helps with their endurance and performance in the heat.

**Players from Northern Colorado, Fresno State, Oregon State, Washington, UCLA, Wyoming, Portland State, and more will help as coaches for the day.**

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#### **Schedule**

**8:30am Check In**

**9:00am 10:00am-**

**Clinic Starts (Speed training)**

**10:00am-11:00am-**

**Position Specific (Off/Def)**

**11:00am -12:00pm-**

**7on7/1on1**

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#### **Clinic Pricing**

**\$10 per camper**

**Cash**

**Checks Made to  
Nogales Football**

#### **Contact Us:**

**Coach Salazar**

**Call: 626-965-3437 ext 3677**

**(leave message)**

**rsalazar@rowland.k12.ca.us**

**Download Wavier form**

**Nogales**

<http://www.nogaleshs.org/>



**Tax ID:**

NOTICE OF NOGALES FOOTBALL CLINIC  
ACCIDENT WAIVER AND RELEASE OF LIABILITY  
AUTHORIZATION FOR MEDICAL TREATMENT

SCHOOL: \_\_\_\_\_ DATE: \_\_\_\_\_

Dear Parent/Guardian,

\_\_\_\_\_ is eligible to participate in a Rowland Unified School District (Rowland USD) sponsored activity at the school. This activity will take place under the guidance and supervision of employees of the District. Please read this form, and sign it.

**ACCIDENT WAIVER AND RELEASE OF LIABILITY**

Any activity may involve certain risks and danger. Participation in this activity may involve risk of property damage, bodily injury, personal injury, including death, of the participant. As stated in California Education Code Section 35330, I understand that, in consideration of the Rowland USD allowing my student to participate in the Nogales football clinic, by signing this form I hereby release the Rowland Unified School District from all liability or claims of my son/daughter, his/her personal representatives, assigns, heirs, and next of kin that may arise from an injury or property damage as a result of my child participating in this activity.

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

In the event of emergency illness or injury I do hereby consent to whatever X-ray, examination, anesthesia, medical, surgical, dental treatment or hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist as he or she shall think the existing emergency requires for the relief of pain and/or the preservation of life and/or health and wellbeing. Any costs incurred in this connection not covered by the undersigned's insurance shall be paid by the undersigned.

**Check here if there are no medical or other problems the staff should be aware of and no prescription drugs are required for your child during the clinic.**

**Check here if child has special medical conditions, or if prescription drugs are to be taken by the student.**

List all medical conditions or allergies:

Name of Prescription Drug:

Reasons for Taking:

Dosage:

All drugs, except those which must be kept on the student's person for emergency use, must be kept and distributed by District staff.

**Family Medical Coverage**

Insurance Company:

Plan or Policy Number:

Name of Insure Party:

Insured's ID Number:

Personal Physician Name:

Phone Number:

Physician's Address:

*I have read this notification, understand it, agree to abide by its terms, sign it voluntarily, and hereby grant permission for my child to participate in this activity.*

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student if Applicable: \_\_\_\_\_ Student's DOB: \_\_\_\_\_