



# BISHOP DIEGO CARDINAL FOOTBALL

***ELITE I DAY CAMP FOR 6<sup>TH</sup>-8<sup>TH</sup> Graders***

**May 16, 2015 (Saturday)**

**8 a.m. – 12 p.m.**

This is an advanced youth camp to help players currently in grades 6-8 learn and improve their football fundamentals including the fundamentals of strength and conditioning as part of their training.

- *Participants will be coached by current Bishop Diego coaches and players*
- **Cost:** \$20 per camper, \$30 for two family members – payable at time of registration or in advance by sending check/\$ to Bishop Diego High School, 4000 La Colina Road, SB 93100. \*\*\* **Free Camp T-shirt** for all who register before May 5, 2015\*\*\*.
- **Location:** Bishop Diego High School, 4000 La Colina Road, Santa Barbara
- **What to Bring:** Participants should bring athletic clothes, tennis shoes, and cleats
- *BBQ for all following the workout on Bishop patio*
- *Athletic Trainer on site during camp*

## **Schedule:**

**8:00 a.m. – Check in at patio adjacent field**

**8:15 a.m.: - Orientation**

**8:30 a.m. – Strength & Conditioning (Bishop Weight room)**

**9:30 a.m. – Football Practice (field)**

**12:00 p.m.- Post practice BBQ**

**Need more info? Contact Head Coach Tom Crawford at**  
[tcrawford@bishopdiego.org](mailto:tcrawford@bishopdiego.org)

----- **FILL OUT AND RETURN THIS FORM TO: ----- Bishop Diego**  
**High School**  
**Attn: Tom Crawford**  
**4000 La Colina Road, Santa Barbara, CA 93110**

**CARDINAL FOOTBALL RED & WHITE CAMP**

NAME OF CAMPER: \_\_\_\_\_ AGE: \_\_\_\_\_

SCHOOL ATTENDING: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PARENT TELEPHONE NUMBER: \_\_\_\_\_ E-Mail: \_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_

EMERGENCY CONTACT TELEPHONE NUMBER: \_\_\_\_\_

SPECIAL NOTES RE CAMPER: (e.g. health issues, limits on physical activities etc) \_\_\_\_\_

Circle T-shirt Size: **Adult**      **S**      **M**      **L**      **XL**      **XXL**  
(if registering by May 5)

**PLEASE COMPLETE A SEPARATE REGISTRATION FOR EACH PARTICIPANT/CHILD YOU ARE ENROLLING.**

**PLEASE READ CAREFULLY – The following constitutes a WAIVER AND RELEASE OF LIABILITY and CONSENT FOR TREATMENT OF A MINOR:**

I hereby acknowledge that I am the parent/legal guardian of the Participant authorized to enter said participant in this Event & execute this waiver. The Participant, \_\_\_\_\_ desires to willingly participate in the Cardinal Red & White Football Camp (the Event). In exchange for & as consideration for being allowed to participate, I, on behalf of the Participant AND as Participant's parent and/or legal guardian hereby agree to fully release Bishop Diego High School, Cardinal Football Camp, & any & all persons organizing & running said camp & their respective successors, heirs, assigns, affiliates & insurers from any & all claims, demands, damages, injuries (including death), lawsuits, expenses (including attorney fees) & any other liability in connections with Participant's participation in the Event. Further, in executing below, & on behalf of all of Participant's parents or guardians, heirs, estate, insurers, assignees & anyone else who may make any claim on behalf of Participant, I agree to defend, hold harmless, indemnify & reimburse Bishop Diego High School, Cardinal Football Camp, & any & all persons organizing & running said camp from & against any sums, costs, or expenses (including attorney fees) incurred by same in connection with any demand, claim, loss, damage or injury arising out of Participant's participation in the Event.

in the event of sudden illness, accident, or injury occurring while Participant engages in an activity during the camp that, when neither I nor the emergency contact person can be contacted, I hereby give my consent (pursuant to California Family Code 6910) for emergency treatment as shall be necessary under the circumstances by any physician licensed by the State of California.

**Parent/Guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_