

Mavericks Football Youth League Camp

PLEASE PRINT

Camper's Name \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_

Parent Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Age: \_\_\_\_\_ Grade this Fall: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Position Played - Offense \_\_\_\_\_

Position Played - Defense \_\_\_\_\_

Youth T-Shirt Size:    S        M        L        XL

Adult T-Shirt Size    S        M        L        XL

**SEND REGISTRATION FORM AND CHECK TO:**

Mead High School  
Attention: Martin Clark  
12750 County Road 7  
Longmont, CO 80504

Make checks payable to:  
Mead High School Football  
Place "Youth Football Camp" in memo

Mead Mavericks High School Football - Staff  
Head Coach: Martin Clark

Mike Muedeking (Offensive Coordinator - Quarterbacks)  
Tom Kajiwara (Defensive Coordinator - Defensive Line)  
Scott Thomas (Special Teams Coordinator - Running Backs)  
Mike DeRock (Offensive Line)  
Jessie Salazar (Wide Receivers)  
Aaron Martenson (Defensive Backs)  
Alan Stabe (Linebackers)  
Tony Weaver (Offensive / Defensive Line)

**2011 Schedule - Home games in CAPS**

Sept. 2	VALLEY	7:00 pm
Sept. 9	EATON	7:00 pm
Sept. 17	University	1:00 pm
Sept. 22	Denver West	7:00 pm
Oct. 1	Platte Canyon	1:00 pm
Oct. 8	The Academy	2:00 pm
Oct. 14	FAITH CHRISTIAN	7:00 pm
Oct. 22	Machebeuf	7:00 pm
Oct. 28	THE PINNACLE	7:00 pm
Nov. 4	MIDDLE PARK	7:00 pm



**Mead High School Football Program**

Jim Sundberg, Principal  
Frank Buck, Assistant Principal  
Darin Reese, Athletic Director  
12750 County Road 7  
Longmont, CO 80504  
Phone: 720-494-3940  
Fax: 720-494-3959  
E-mail: clark\_martin@stvrain.k12.co.us

**MEAD HIGH SCHOOL**



**Mead High School Football Program**

**YOUTH LEAGUE  
FOOTBALL CAMP**

Date: July 19th, 20th, 21st, 2011  
Time: 19th, 5:30pm-8 pm; July 20th, 21st, 6-8 pm

Location: Maverick Field at Mead High School

## Camp Information

This camp is intended for Youth League Football Players grades 3, 4, 5, 6, 7, and 8. (This excludes incoming 9th graders). The camp will be conducted by Head Coach Martin Clark and his staff. Each athlete will learn position specific drills and skills associated with their preferred offense and defensive positions!

Pre-registration is from April 13th to July 1st, 2011 and the cost is \$40.00 per participant. The fee includes T—shirt and all camp activities. (Sorry, no refunds).

Registration on the first day of camp will be on Tuesday, July 19th, at 5:30 pm at Maverick Field. The fee for late registration is \$45.00. (Sorry, no refunds). This fee also includes a T—shirt and all camp activities.

### PARENT OR GUARDIAN PERMISSION

WARNING: Although participation in supervised interscholastic athletics and activities maybe one of the least hazardous in which any student will engage in or out of school, BY ITS NATURE, PARTICIPATION IN INTERSCHOLASTIC ATHLETICS INCLUDES A RISK OF INJURY WHICH MAY RANGE IN SEVERITY FROM MINOR TO LONG-TERM CATASTROPHIC OR EVEN DEATH. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate this risk. Participants can help and have the responsibility to reduce the chance of injury. PLAYERS MUST OBEY ALL SAFETY RULES, REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, FOLLOW A PROPER CONDITIONING PROGRAM, AND INSPECT THEIR OWN EQUIPMENT DAILY. By signing this Permission Form we acknowledge that we have read and understand this warning. PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.

Activities and drills include, but are not limited to, dynamic stretching routines, running, catching footballs, change of direction, pursuit angles, cone drills, proper position techniques, stance, steps, starts (by position), hand placement, offensive and defensive schemes, and static stretching routines.

### ATHLETIC INSURANCE WAIVER

I understand that the St. Vrain Valley School District DOES NOT provide accident insurance for students participating in school sports or any other school activity.

Check one:

- I have accident insurance coverage.  
Company \_\_\_\_\_  
Policy/Group # \_\_\_\_\_
- I have purchased student insurance made available through the St. Vrain Valley School District.
- I do not have insurance and will assume responsibility for payment of expenses incurred in the event of injury.

### ACKNOWLEDGEMENT AND CONTRACT

I, \_\_\_\_\_ DESIRE TO BE A PARTICIPANT IN THE YOUTH LEAGUE FOOTBALL CAMP AT MEAD HIGH SCHOOL. MY SIGNATURE ACKNOWLEDGES THE FOLLOWING:

Participant and parent/guardian have thoroughly read the statement and conditions stated above under the headings: Parent or Guardian Permission, Athletic Insurance Waiver, Acknowledgement and Contract. We understand and agree to the terms of this contract which is a legally binding document, as noted by the following signatures:

\_\_\_\_\_  
Student Athlete Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Parent / Guardian Date

\_\_\_\_\_  
Address

NOTE: Mead High School is to keep on file in the school office a copy of the signed acknowledgement and contract for each participant. A signed copy MUST be on file prior to participation.

\_\_\_\_\_  
School Office Signature