

## CASCADE TEAM CAMP Info

WHEN: July 7-11 and 14-18, 2010

WHERE: McCloud HS, McCloud, California

COST: \$155.00 per Athlete

NEEDED ITEMS: Signed Registration Form,  
Copy of Current Physical

The Cascade Football Team Camp provides high school football coaching staffs and teams with challenging, affordable, exciting, and fun filled atmosphere for developing skills, camaraderie, and team building in a natural setting. The controlled nature of the camp afford coaches and their teams a unique opportunity to enhance their programs and prepare for their upcoming season.

The Cascade Football Team Camp features extensive practice time and facilities for both 11-man and 8-man teams. Each coaching staff is in complete control of what their team does each of the five days of camp.

The Cascade Football Team Camp is a full contact camp which features partnered practices and opportunities to scrimmage other teams based on enrollment and experience under the professional supervision of camp staff. Each student/athlete is provided with a camp T-shirt.

Coaches may make as many copies of the player registration form as will be necessary for registering each of your players.

**All forms and fees must be received by Wednesday, June 9th, 2010.**

**Team positions fill fast! Please respond early, as Camp can only accommodate 300 athletes maximum per session.**

**NO REFUNDS AFTER JUNE 25, 2010**

**Return this form to Coach Shufelberger**

## PERSONAL INFO

### ATHLETE INFORMATION

Name (print): \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Emergency # \_\_\_\_\_

High School \_\_\_\_\_

Grade: Soph Junior Senior

DOB \_\_\_/\_\_\_/\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Circle Choice: SESSION 1 (7-11) SESSION 2 (14-18)

T-Shirt/Jersey Size: M L XL XXL XXXL

CAMP FEES: \$155.00 /athlete (non-refundable).

WHAT TO BRING: Full football gear with helmet, pads and cleats, copy of current physical.

PERSONAL ITEMS: Towels, toiletry items, sleeping bag, pillow, tent, summer clothes, walking shoes, spending money, school team apparel (if you wish to trade with other players).

*Not responsible for lost or stolen items.*

**“Dedicated to Team Building”**

Cascade Team Camp - A Non Profit Corporation  
4066 La Mesa Avenue  
Shasta Lake, California 96019

[www.cascadeteamcamp.com](http://www.cascadeteamcamp.com)

Phone: 530-275-7075 ext 250

Fax: 530-275-7076

E-mail: mattcvfb@peoplepc.com

**Return this form to Coach Shufelberger**

## MEDICAL RELEASE

### Informed Consent, Waiver & Release of Liability and Medical Care & Treatment Authorization

1. I agree that the parent(s) or legal guardian(s) will instruct the minor participant that prior to participating, he should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he should immediately advise his coach of such condition(s) and refuse to participate.
2. I acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and/or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence but the actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. I agree and assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. I release, waive, discharge, hold harmless and covenant not to sue the Camp, SUHSD, Trustees, Camp Staff, coaches, employees or agents from any and all liability, claims, costs or expenses to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.
5. I further agree and authorize Camp staff or coaches to obtain all medical, surgical, diagnostic and hospital procedures as may be performed or presented by a physician for the above said participant if I cannot be reached in case of emergency.

I / WE HAVE READ THE ABOVE WAIVER AND RELEASE, AND THEREFORE; VOLUNTARILY UNDERSTAND THAT I / WE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING BELOW. I / WE ALSO UNDERSTAND THAT CASCADE TEAM CAMP MAY TAKE PHOTOGRAPHS OF PARTICIPANTS & ACTIVITIES OF THE CASCADE TEAM CAMP AND MAY USE SUCH PHOTOGRAPHS RELATING TO PROMOTION OF FUTURE CASCADE TEAM CAMPS. A copy of this agreement shall suffice as original.

Medications, Allergies &/or Chronic Conditions (i.e. Asthma)

Health Insurance Co. \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Athlete's Physician \_\_\_\_\_ Phone \_\_\_\_\_

X \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Parent Signature

**PLEASE RETURN THIS FORM TO COACH SHUFELBERGER**