

CAMP LOCATIONS:

SUTTER UNION HIGH SCHOOL

2665 Acacia Avenue
Sutter, CA 95982

McKINLEYVILLE HIGH SCHOOL

1300 Murray Road
McKinleyville, CA 95519

CAMP INCLUDES:

- Individual Training by Position
- Defensive Position Technique
- Offensive Position Technique
- Tackling Circuits
- 7 on 7 Scrimmage Periods
- Inside Run / Outside Run Periods
- Team Self Periods
- Team-Building Environment
- Qualified, Experienced, Enthusiastic Coaching

CAMP CHECKLIST: you will need

- Shoulder Pads
- Helmet/Chin Strap
- Mouthpiece
- Hip/Knee/Thigh/
Tail Pads
- Practice Jersey/
Pants/Belt
- Extra Socks
- Sunscreen
- Water/Sports
Drinks
- Light Snack
- Medications
(Inhaler, etc)
- A Winning

North Valley Sports Camps



Welcome to the Commitment to Excellence Team Football Camps. Our camps stress the fundamental techniques needed to play football. All of our instructors are excellent high school and college coaches. We will teach skills which are vital to the athlete and will allow the athlete to reach his fullest potential. Our staff will ensure that your players are provided with a high energy and fast-paced program in an environment that provides competition in the safest setting possible.

Thank you,

Ryan Reynolds
Camp Director
North Valley Sports Camps
www.northvalleysportscamps.com

Day 1 2:00 - 7:00 pm

Day 2 9:00 am - 5:00 pm

Day 3 9:00 am - 2:30 pm

Contact Information:

Ryan Reynolds
530-370-3663
rsc21@sbcglobal.net

Scott Turner
530-682-8315
scoturner@comcast.net

North Valley Sports Camps

www.northvalleysportscamps.com

Presents

The Commitment to Excellence

FOOTBALL CAMPS



Become a Champion

Grades 9 – 12

**Sutter High School Camp
July 10 - 12, 2015**

**McKinleyville High School Camp
July 24 - 26, 2015**

Required Authorization to Consent to Treatment of a Minor

I/We the undersigned parent(s) of _____, a minor, do hereby give permission for trainers and coaches of North Valley Sports Camps to seek emergency care for my/our child at a local medical facility if I/We cannot be reached in the event of illness or injury. It is understood that this is authorization is given in advance of any specific diagnosis or treatment being required, and I/We will be contacted in the event of illness or injury as soon as possible. This authorization shall remain effective until camp ends on _____ unless sooner revoked.

Parent/Guardian Signature Date

PERSON TO NOTIFY IF PARENT/GUARDIAN IS NOT AVAILABLE

Person to Notify Relationship to Camper

Day Phone Evening Phone

MEDICAL INSURANCE CARRIER

Insurance Company Group Number

I.D. Number Insurance Phone Number

COMMITMENT TO EXCELLENCE



**2015 TEAM FOOTBALL CAMPS
REQUIRED RELEASE OF LIABILITY**

I/We, the parent/guardian of the aforementioned child, hereby give permission for my/our child to participate in the North Valley Sports Camps. I/We understand there are obvious known risks/dangers inherent in the participation in this program, but not limited to injuries sustained through a fall or loss of personal property, and I/We voluntarily agree to assume such risks.

In consideration of NVSC permitting my child's participation in camp, based on my reputation that my/our child is in proper physical health and condition to participate, I agree: 1) to assume all risk of injury to my child and all risk of damage or loss of my property arising from my child's participation in the camp, 2) to release and forever discharge NVSC, its officers, agents, host sites, employees, and coaches, from any and all claims or any injury including death, and for any property damage or loss which may be suffered by me or my child arising out of any connection with my child's participation in the camp.

I have carefully read this agreement and fully understand its contents. I am aware that this release of liability and a contract between the camp and myself, on behalf of my/our child, and sign of my own free will.

Parent Signature Date

Printed Name Address

2015 NORTH VALLEY FOOTBALL CAMPS

Registration Form

Please complete **registration, consent and release of liability** sections and return with payment.

Circle camp you will attend:

**Sutter
McKinleyville**

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Emergency Phone: _____

School: _____

Grade in Fall 2015 _____

Athlete's Restrictions on Participation:

Mail Registration Form and checks payable to:

North Valley Sports Camps (NVSC)
2554 Cedar Street
Sutter, CA 95982

CAMP FEE - \$100.00 per athlete

Total Amount Paid _____