

Black and Gold Football camps



CAMP DIRECTOR: BOYD MANNE

HEAD FOOTBALL COACH, LAFAYETTE HIGH SCHOOL, 2011 SUBURBAN WEST COACH OF THE YEAR

2011 SUBURBAN WEST CONFERENCE CHAMPIONS/ STATE PLAYOFFS

Who: Open to any students in grades 3-12th (grade entering in the fall of 2012)

When: Session 1 (May 29-June 1, 8-10am) Session 2 (July 16-July 19, 8-10am)

Where: Lafayette High School Practice Football Field

Cost: \$125.00 per session

Fundamental and Team Football Skills taught for offensive, defensive, and special team positions, 7 on 7 competitions, Lineman Challenges, combine testing: 40 yard dash, pro agility, football obstacle course, and skill testing and evaluation

Please Detach Form and Mail Payment to: Boyd Manne (2532 Elm Forest Ct. Wildwood, MO. 63011) Make checks payable to: SJM Resources LLC

-----DETACH AND RETURN-----

Player Name _____ Age _____ Grade _____

Please check which session or sessions you will be attending: Session 1 _____ Session 2 _____ Both _____

Home Address _____ City _____ Zip _____

Email: _____ Home # _____ Cell # _____

Emergency Contact _____ Phone Number _____

DISCLAIMER AND WAIVER OF LIABILITY: I/WE BEING THE PARENTS AND / OR LEGAL GUARDIAN OF: _____

AUTHORIZE SJM RESOURCES LLC AND ITS EMPLOYEES AND AGENTS PERMISSION TO REQUEST EMERGENCY MEDICAL TREATMENT OR CARE AS NECESSARY TO INSURE THE WELL-BEING OF OUR/MY CHILD. FURTHER, I CLAIM THAT OUR/MY CHILD IS FOUND FIT FOR ALL PHYSICAL ENDEAVORS AND HAS HAD A VALID PHYSICAL IN THE PAST YEAR AS WELL AS BEING COVERED BY VALID MEDICAL INSURANCE. I HEREBY RELEASE SJM RESOURCES LLC AND ALL ITS EMPLOYEES AND AGENTS FROM ALL CLAIMS ON ACCOUNT OF ANY INJURIES WHICH MAY BE SUSTAINED BY OUR /MY CHILD WHILE PARTICIPATING IN THE CAMP AND ANY FUTURE CLAIMS HEREAFTER PRESENTED BY OUR/MY CHILD AS A RESULT OF ANY SUCH INJURIES. CAMP IS NOT AFFILIATED WITH THE ROCKWOOD SCHOOL DISTRICT.

PARENT/GUARDIAN SIGNATURE: _____ x