



2017 Longhorn Football Camp

Camp Philosophy

Campers will learn:

- How to enjoy the game of football
- How each offensive position works
- How each defensive position works
- To respect the game, teammates, and opponents
- The basic rules and fundamentals of the game
- How nutrition fits into their game

Campers Should Bring:

- T-shirt, gym shorts, sneakers and cleats
- Personal water bottle

For more information:

- **Call 813.346.6200**
- **Email: dzassenb@pasco.k12.fl.us**

Camp Dates and Time:

July 31- Aug 3, 2017

8 AM- 12 PM

RAIN OR SHINE!!!

(Grades 6-8)

If possible, PLEASE pay online at:

www.schoolpay.com

Registration begins June 1 and ends on July 30

All Campers Receive:

- Camp T-shirt (first 50 applicants)
- In-depth instruction from Longhorn Coaching Staff
- Games and Contest

Daily Agenda:

7:30- 8:00	Arrive
8:00	Roll
8:10	Agilities and Stretch
8:30	Speed Cones/ Conditioning
9:00	Offensive Position Drills
10:00	Break
10:20	Defensive Position Drills
11:00	Flag Football
11:45	Wrapping Up the Day
12:00- 12:15	Pick Up

Campers may arrive at 7:45 AM and MUST be picked up by 12:15 PM.

Camp Form Application

Name: _____

Student Number: _____

Parent Name: _____

Contact Number: _____

I wish to attend:

▽ **\$65 for individual camper**

▽ **\$110 for two campers**

To receive price break, both applicants must have camp form filled out and paper work turned in at the same time.

Medical Release / Waiver Form:

I, I, the undersigned parent or guardian, do hereby grant permission for my Son/ Daughter whose name is _____, and hereinafter shall be referred as "participant," to participate in the John Long Middle School camp/ clinic. In order that the participant receive the necessary medical treatment in the event of an injury or illness, I hereby hold the clinic director and its representatives harmless in the exercise of authority.

II. I fully acknowledge and understand and agree that in taking part in this clinic there is a possibility of physical illness or injury (minimal, serious, or catastrophic) and that participant is assuming the risk of such illness or injury by participating.

III. I further agree to hold harmless the Pasco County School Board, the John Long Middle School Athletic Program, including the directors which conduct the camp/ clinic, and the coaches in which the camp/ clinic is being run by the illness or injury incurred by the participant during the course of the clinic.

IV. I understand that refunds will not be given for illness and/or no-shows past the deadline date.

Parent Signature: _____

Applicant Signature: _____