



## 2018 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 30- Aug 2, 2018**

**8 AM- 12 PM**

**RAIN OR SHINE!!!**

**(Grades 6-8)**

**Check or cash accepted.**

Registration begins June 1 and ends on July 30

### All Campers Receive:

- Camp T-shirt (first 40 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: \_\_\_\_\_