



**2015 Wesley Chapel
Wildcat Football Camp**

Camp Philosophy

Campers will learn:

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

Campers Should Bring:

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

For more information:

- **Call 813.794.8700**
- **Email: Coach Hernandez
ohermand@pasco.k12.fl.us**

Camp Dates and Time:

**July 20- 23, 2015
8AM- 12PM
(Grades 7-12)**

Registration begins May 1st. To plan accordingly, please contact coach to preregister. **Please register for the camp as soon as possible to determine camp numbers.**

All Campers Receive:

- Camp T-shirt (first 30 applicants)
- In-depth instruction from Wildcat Coaching Staff
- Games and Contest
- Snacks

Camp Includes: Applicants will have a week of fun football activities that include a variety of challenges for competition. The students will also receive information on proper conditioning, sportsmanship, nutrition (healthy snacks provided), and informal discussion regarding healthy life decisions. The first thirty applicants will receive a free camp t- shirt.

**Campers may arrive at 7:30 AM and
must be picked up by 12:30 PM.**

Camp Form Application

Name: _____
Student Number: _____
Parent Name: _____
Contact Number: _____

I wish to attend:

▽ \$45 for individual camper

▽ \$80 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 Wesley Chapel High 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 Wesley Chapel High 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.

Parent Signature: _____

Applicant Signature: _____