

**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 Camp 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 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
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

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 Camp. I/we understand there are obvious known risks/dangers inherent in the participation in this program, including 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 the 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 child's property arising from my child's participation in the camp, and 2) to release and forever discharge NVSC, it's officers, agents, host sites, employees and coaches, from any and all claims or liability for 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 is a release of liability and a contract between the camp and myself, on behalf of my/our child, and I/we sign of my own free will.

Parent/Guardian Signature Date

Printed Name Address

CAMP SCHEDULE

Schedule subject to change.

DAY I

- 8 AM ~ Check-In
- 9:00- 11:30 AM ~ Practice I
- 11:30-1:00 PM ~ Lunch
- 1:00-2:30 PM ~ Practice II
- 3:00-5:00 PM ~ Practice III

DAY 2

- 8:00 AM ~ Check-In
- 9:00-11:30 AM ~ Practice III
- 11:30-12:30 PM ~ Lunch
- 12:30-2:30 PM ~ Practice IV
- Camp Awards will take place following Practice V



**TWO DAY
FULL CONTACT
FOOTBALL CAMP**

Become a Champion!



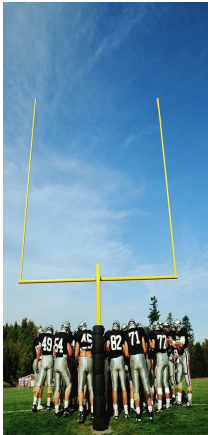
www.northvalleysportscamps.com

**FUNDAMENTAL
YOUTH CAMP**
Grades K-8
July 16-17, 2011





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.



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Thank you,
 Scott Turner, Camp Coordinator
 Ryan Reynolds, Camp Director

North Valley Sports Camps
 1154 Teesdale Road
 Yuba City, CA 95991

Phone: (530) 674-1855
 Cell: (530) 682-8315
 Fax: (530) 822-5168
 E-mail: sturner@sutterhigh.k12.ca.us
 www.northvalleysportscamps.com

CAMP LOCATION

SUTTER UNION HIGH SCHOOL
 2665 Acacia Avenue
 Sutter, CA ~ 95982

REGISTRATION & FEES

\$25.00 non-refundable deposit Locks in your spot
Registration deadline June 30th
\$85.00 per player
\$110.00 per player after June 30th
 \$25.00 surcharge on all returned checks (NSF)
 Mail checks payable to:
North Valley Sports Camps
1154 Teesdale Road
Yuba City, CA 95991

CAMP INCLUDES

- 2 Day Full Contact Instruction
- Individual Training by Position
- Defensive Position Technique
- Offensive Position Technique
- Tackling Circuits
- 7 on 7 Scrimmage Periods
- Inside Run/Outside Run Periods
- 11 on 11 Scrimmages
- Character 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 attitude!

2011 NORTH VALLEY FOOTBALL CAMPS REGISTRATION FORM

Name _____ Age _____

Address _____

City _____ Zip _____

Home Phone _____

Emergency Phone _____

School _____

Grade in fall _____

Football Position _____

Restrictions on Participation _____

T-Shirt Size: S M L XL XXL

Youth Size: S M L

My son has permission to attend the North Valley Football Camp.

Parent Signature: _____

Parent Name: _____

(Please print)

(Please fill out the reverse side and return with payment.)



SCOTT TURNER
 RYAN REYNOLDS
 Phone: (530) 674-1855
 Fax: (530) 822-5168
 E-mail:
 sturner@sutterhigh.k12.ca.us
 rreynolds@sutterhigh.k12.ca.us