

# O'CONNOR FOOTBALL CAMP



**July 30-Aug 2**

## 2012 STATE SEMI-FINALISTS

**SITE:** O'Connor Football Field

**DATES:** July 30-Aug 2

**TIME:** 8:30-11:30

**COST:** \$25.00 - We prefer that you pre-register. However, you may pay at anytime. Refunds are available if you are unable to attend. Each athlete will receive a camp t-shirt. Pre-Registering will ensure proper size.

**ELIGIBLE ATHLETES:** ALL in-coming 9th, 8th and 7th graders that live in the O'Connor Attendance Zone or those athletes that have been approved to transfer to O'Connor.

**DESCRIPTION:** This is a camp that will teach the fundamentals and skills that are necessary to be an O'Connor Panther football player. The camp will be conducted by the O'Connor high school and Jefferson middle school coaching staff. The camp will be broken into a 9th grade and middle school group.

The middle school athletes will have an opportunity to learn skills associated with each position in football. They will cover all positions on offense and defense. Additionally, they will cover all aspects of the kicking game.

The camp for the 9th graders will be geared more towards their upcoming season. They will be placed into an offensive and defensive position. Additionally, the players will begin learning the offense and defense that they will use for the season. This is a great opportunity for them to get a head start for the upcoming season. Furthermore, it will give the coaches a chance to know your son and evaluate him.

**OTHER:** We ask that the athletes come dressed in shorts, t-shirts and football cleats. We will provide water breaks throughout the day but they can bring their own water or sports drink. Our training staff will be on hand in the event of an injury or problem.

Our goal is to make this camp fun and informative. We look forward to seeing you this summer and if you have any questions, please feel free to contact me. 210-397-4860

\*\*\*Sign the attached Information/Waiver Form and send to: **David Malesky @ O'Connor High School, 12221 Leslie Road, Helotes, Texas, 78023** along with your payment. If you have any questions, please give me a call: 397-4860

**\*\*\*MAKE CHECKS PAYABLE TO O'CONNOR HIGH SCHOOL\*\*\***

**Athlete's Name:** \_\_\_\_\_

**Grade '18-19:** \_\_\_\_\_ **School Attended '17-18:** \_\_\_\_\_

**Phone: Home -** \_\_\_\_\_, **Work -** \_\_\_\_\_, **Cell -** \_\_\_\_\_

**T-Shirt Size:**    S    M    L    XL    XX

**\*\*\*T-Shirt sizes are adult size. Please plan accordingly\*\*\***

*\*\*\*All Football Camp athletes must live in the O'Connor attendance zone or have been granted a transfer to O'Connor High School. For Middle School athletes, they must live in the O'Connor attendance zone.*

*Please return this entire form along with your \$25 payment to:*

*Coch David Malesky*

*O'Connor High School*

*12221 Leslie Road*

*Helotes, Texas 78023*

**Make checks payable to O'Connor High School or OHS.**

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## **CONSENT TO STUDENT ACTIVITY PARTICIPATION & MEDICAL TREATMENT FORM**

Northside ISD is proud to offer the opportunity for our students to participate in the PANTHER FOOTBALL CAMP. We ask that you read and sign this form as a condition of participation in the activity.

Please note that this document has important legal consequences, including a release of liability for injuries or damages suffered and an agreement to indemnify Northside ISD for claims asserted as a result of such injuries or damages. If you have questions regarding the effect of this release, you are encouraged to consult legal counsel.

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I, as *(parent or guardian)* of \_\_\_\_\_, desire that my *(child or ward)* participate in PANTHER FOOTBALL CAMP and grant permission for my *(child or ward)* to participate in and attend. I realize that any event involves some possible inherent risk of injury to my child/ward.

**I voluntarily waive any and all actions, claims, and demands for, upon, or by reason of any damage or loss to person or property that I or my child/ward may directly or indirectly suffer during the course of or as a result of participating in this event, including claims or demands of any origin, including those arising as a result of the negligence of the Northside Independent School District, its trustees, employees, representatives, and agents, in both their official and individual capacities, from any and all such claims, whether by act or omission.**

I further understand that, as a parent or legal guardian, I may be held responsible if my child or ward causes bodily injury to other individuals, causes property damage to personal or real property, or engages in conduct that gives those individuals harmed the right to restitution. In the event third parties bring claims resulting from my child's/ward's actions, I hereby agree to indemnify and hold harmless the Northside Independent School District, its trustees, employees, and agents, in both their official and individual capacities, from any and all such claims.

**Please check one or both, as appropriate, and then sign:**

**Consent to Medical Treatment**

I hereby authorize the sponsors for this event, on behalf of Northside Independent School District, in the case of a medical emergency during the event, to consent to medical treatment of my child or ward, \_\_\_\_\_ (*name of child or ward*).

**Consent to Administration of Medications**

I hereby request the sponsors for this event to administer to my child the medications listed on this form. I recognize that the school does not thereby undertake any ongoing duty to administer drugs or medicine, or to supervise or participate in any self-medication, all of which remain my responsibility. I understand that the school is not legally obligated to store or administer medication for students and will not do so, either on a temporary or ongoing basis, except by special agreement. Before any medication is given by the school, I will provide those medications in their original pharmacy containers, with the child's name and doctor's instructions on the label, and I will provide a written, signed authorization from a physician, including complete instructions.

My child/ward is allergic to:

\_\_\_\_\_

My child/ward has the following special medical conditions:

\_\_\_\_\_

My child/ward takes the following prescription medications:

\_\_\_\_\_

\_\_\_\_\_

I understand that this release will bind me, my assigns, my personal representatives, and my heirs. I have read and understood this *Consent to Student Activity Participation and Medical Treatment* and have signed it voluntarily with full knowledge of its significance, in valuable consideration of my child's/ward's participation in the event.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

The following individuals may be contacted at the numbers below if I am not available in case of an emergency:

\_\_\_\_\_  
Name (*please print*)

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Name (*please print*)

\_\_\_\_\_  
Phone number