



2012 Rollinson Football Strength Camp
OPEN TO ALL 6TH TO 8TH GRADERS

CAMP BEGINS: Tuesday, January 17, 2012

CAMP ENDS: Thursday, May 10, 2012

TIME: Every Tuesday and Thursday, 6:00 pm – 7:00 pm. *No camp during Spring Break (April 2 through April 12)

PACKAGE 1: \$20.00 per session.

PACKAGE 2: \$175.00 for 10 session.

PACKAGE 3: \$450.00 for 30 session. **(BEST DEAL)**

For more information, please e-mail RollinsonYouthFootballCamps@gmail.com

ROLLINSON FOOTBALL STRENGTH CAMP

- Develop strength and speed for all athletics.
- Weight training, flexibility, agility and quickness sessions conducted by our certified **ATHLETIC REPUBLIC**™ Trainers.
- Two sessions per week every Tuesday and Thursday beginning January and continuing through May.

Every session will start with the same type of warm-up that the Mater Dei Football team utilizes, focusing on flexibility, speed mechanics, co-ordination and injury prevention. After a thorough warm-up the athletes will be taught how to lift weights with the correct technique and utilizing the right lifts for football. The same lifts as Mater Dei Football!!

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|-----------------|-----------------------|-------------|---------------------|
| • Olympic Lifts | • Romanian Dead lifts | • Squats | • Single Leg Squats |
| • Bench Press | • Bent Rows | • Core Work | • Rotational Power |

* Emphasis will be put on the correct technique and after the athlete has show proficiency, weight will be added gradually.

Player's Last Name: _____ **Player's First Name:** _____

Player's Address: _____

City: _____ **Zip:** _____ **Parent's Email:** _____

Parent's Last Name: _____ **Parent's First Name:** _____

Home Phone: _____ **Cell Phone:** _____ **Player's Grade:** _____

PAYMENT:

Mail or bring in the above-completed registration along with a check made payable to: **Mater Dei High School**

ADDRESS:

Mater Dei Football
 1202 West Edinger Avenue
 Santa Ana, CA 92707-2191



ASSUMPTION OF RISK, WAIVER, RELEASE, AND HOLD HARMLESS AGREEMENT

I am the parent and/or legally authorized guardian of the child participating in the _____ (the "Camp"). On behalf of myself, my spouse, my child/ward (the "Participant"), and my/our heirs, personal representatives, and assigns, I understand and agree to the following:

1. Assumption of Risks: that participation in the _____ and related travel, events and activities (the "Activity") is entirely voluntary and that participation in the Activity involves risks of injury due to certain inherent dangers that cannot be eliminated regardless of the care taken to avoid them. These injuries include, but are not limited to: physical contact with other individuals; contact with the ground, surfaces, fixtures, and equipment; and strenuous exertions, quick movements, and changes of speed, which place stress on the cardiovascular, muscular, and skeletal systems. The specific injury risks vary from (1) minor injuries such as scratches, bruises and sprains, to (2) major injuries such as eye injury or loss of sight, joint injuries, back injuries, heart attacks, and concussions, to (3) catastrophic injuries including paralysis and death. I agree, on behalf of the Participant, to assume these risks. I understand that if I or the Participant have questions about possible hazards, it is our responsibilities to seek additional information from the Camp staff prior to signing this Agreement. I also understand that, despite safety precautions, the Camp cannot guarantee that the Participant will not be injured.

2. Waiver, Release and Hold Harmless: that in consideration for allowing the Participant to participate in the Activity, I agree not to sue and I hereby release, waive, discharge, hold harmless, indemnify, and defend the Camp, its employees, staff, volunteers, agents, directors, affiliates, sponsors, representatives, and Mater Dei High School from any and all liability, losses, damages, claims, actions, and causes of action of every nature for any and all known or unknown, foreseen or unforeseen, bodily or personal injuries, property damage, or other loss relating in any way to the Participants' involvement in the Camp.

3. Medical Release and Authorization: that I am unaware of any health issue or restriction that would affect the Participant's involvement in the Activity. The Participant has had a recent medical evaluation and is fully fit for the Activity. In the event of an emergency, I authorize the Camp to act for me in its best judgment in rendering any medical attention to the Participant. I further understand that I will be responsible for any medical expenses relating to the Participant's involvement in the Activity.

4. Arbitration and Jurisdiction: this Assumption of Risk, Waiver, Release, and Hold Harmless Agreement shall be construed under and governed by the laws of the State of California without regard to its choice of law rules. Any dispute arising out of or related to this agreement shall be resolved through binding arbitration conducted by JAMS Arbitration Services. Such arbitration shall take place exclusively in Orange County, California, the exclusive jurisdiction and venue of which is agreed. The prevailing party in any arbitration shall be entitled to recover its reasonable attorney's fees and costs.

I agree to allow my child/ward to participate in the Camp.

BY SIGNING BELOW, I REPRESENT THAT I HAVE READ, UNDERSTAND AND AGREE TO THE TERMS OUTLINED ABOVE. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT, I AM WAIVING CERTAIN LEGAL RIGHTS, AND DO SO VOLUNTARILY.

Player's Last Name: _____

Signature: _____

Date: _____

Participant Name: _____

Signature: _____

Date: _____

