

**2021 CHAMPIONS FOOTBALL CAMP**  
**WHO - PLAYERS ENTERING 8<sup>TH</sup>-12<sup>TH</sup> GRADE**  
JULY 19<sup>TH</sup> – JULY 22<sup>ND</sup> - 4:30 PM – 8:00



STUDENTS CURRENTLY GOING INTO GRADES 8 – 12 ARE WELCOME

\$85.00 INCLUDES INSTRUCTION AND ALL REQUIRED EQUIPMENT (INCLUDING MOUTH GUARD), TEAM T-SHIRT AND SHORTS

-EQUIPMENT CAN BE PICKED UP JULY 19<sup>TH</sup> @ 3:30

- 8<sup>TH</sup> GRADE KIDS BRING YOUTH ISSUED HELMET, SHOULDER PADS AND PRACTICE JERSEY

**CAMP CONTENT**

THE 1<sup>ST</sup> THREE DAYS WILL BE HELMETS AND MOUTH GUARDS ONLY AND THE FINAL DAY WILL BE UPPERS (HELMETS AND SHOULDER PADS). DUE TO THE VARYING AGE LEVELS OF CAMPERS, EXTREME CAUTION WILL BE TAKEN TO AVOID PUTTING CAMPERS IN COMPROMISING POSITIONS. THE FOCUS OF THIS CAMP WILL BE ON INDIVIDUAL SKILLS AND THE INTEGRATION OF THESE SKILLS INTO A TEAM FORMAT.

OFFENSIVE, DEFENSIVE, AND SPECIAL TEAMS INDIVIDUAL SKILLS WILL BE TAUGHT. IN ADDITION, OFFENSIVE, DEFENSIVE, AND SPECIAL TEAMS TEAM PLAY WILL BE TAUGHT.

**CAMP SCHEDULE – MONDAY-WEDNESDAY**

4:30 PM – 5:30 PM CLASSROOM INSTRUCTION

5:30 PM – 8:00 PM ON THE FIELD INSTRUCTION

**THURSDAY – 4:30-7:00 COOKOUT TO FOLLOW**

**CAMP STAFF**

THE CHAMPIONS FOOTBALL CAMP WILL BE COACHED AND SUPERVISED BY FRANKLIN HIGH SCHOOL VARSITY, JUNIOR VARSITY, FRESHMEN AND SOME YOUTH COACHES.

REGISTER IN THE FRANKLIN HIGH SCHOOL ATHLETIC OFFICE LOCATED IN THE SOUTH END OF FRANKLIN HIGH SCHOOL. CHECKS SHOULD BE MADE PAYABLE TO FRANKLIN HIGH SCHOOL. FULL PAYMENT IS REQUIRED AT TIME OF REGISTRATION. ***(THERE IS A \$10 NON-REFUNDABLE CANCELLATION FEE)***

**LOCATION**

THE CHAMPIONS FOOTBALL CAMP WILL BE HELD AT FRANKLIN HIGH SCHOOL, LOCATED AT 8222 SOUTH 51<sup>ST</sup> STREET IN FRANKLIN. CHALK TALK AND FILM SESSIONS WILL BE HELD IN FRANKLIN HIGH SCHOOL. ON THE FIELD INSTRUCTION WILL TAKE PLACE AT GERRY MARSH FIELD AND SULLIVAN STADIUM AT FRANKLIN HIGH SCHOOL

Please Fill out in Entirety (there are three pages) – Please Print Clearly

Please return form to Franklin High School- Attn. Football by: July 1<sup>st</sup>

8222 South 51<sup>st</sup> Street, Franklin WI 53132

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\_\_\_\_\_  
Camper's Name (First and Last)

\_\_\_\_\_  
Grade (2021-2022 school year)

\_\_\_\_\_  
Parent/Guardians' Names

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Preferred High School Position

\_\_\_\_\_  
Second Choice of Position

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

\_\_\_\_\_  
Date



# Athletic Camp Waiver

## Required Waiver of Liability Agreement

In consideration of being able to participate in a camp for athletics at Franklin High School, the undersigned parent/guardian, my personal representatives, heirs, and next of kin, agree to release and hold harmless the Franklin Public School District, its representatives, agents, and employees from all liability for any claims, including negligence, resulting from participation in such camp.

As the parent or legal guardian of the participant listed below, I authorize my son or daughter to participate in the Athletic Camp listed below. Any illness or injuries resulting from participation in the Camp are my responsibility. Participation in the Camp is voluntary. The undersigned recognizes there are inherent dangers associated with any athletic camp. The undersigned participant may be exposed to such dangers and hereby assumes full responsibility for any risk of bodily injury, death, or property damage arising out of or related to the event. The undersigned also hereby certifies that the participant named below is in good health and has no physical impairment, injury, or illness that will make participation by the undersigned dangerous to himself/herself or others. I, as parent or guardian of participant, hereby waive my right to bargain over the terms of this waiver of liability.

In the event of illness or injury, I authorize representatives of the Franklin Public Schools to obtain medical treatment for the participant listed below. I further acknowledge that I will be responsible for any and all medical and related bills that may be incurred on behalf of the participant for any illness or injury that the participant may sustain related to, or during the Camp.

The undersigned, parent or guardian, has read this release and waiver of liability, assumption of risk agreement and fully understands its terms, and has signed it freely and voluntarily without any inducement, assurance or guarantee being made to him/her and intends his/her signature to be complete and unconditional release of all liability to the greatest extent of the law and further agrees that no oral representations, statements or inducements apart from the forgoing written agreement have been made.

**Name of Camp** \_\_\_\_\_

**Participant** \_\_\_\_\_ **Birthday** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State, Zip** \_\_\_\_\_

1. **Emergency Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_

2. **Emergency Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Medications** \_\_\_\_\_

**Allergies** \_\_\_\_\_

**School Attending in the Fall** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Signature of Participant** \_\_\_\_\_

**Parent/Guardian Name (print)** \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Return this form to Franklin High School in order to participate**



## Student/Athlete and Parent/Guardian Concussion Management Plan Agreement

(Signatures required prior to participation)

In accordance with **Wisconsin’s Sidelined for Safety Act 172**, we the undersigned, student/athlete and parent/guardian, have read the Franklin Public Schools Concussion Management Plan and have been informed of the signs, symptoms, and risks of a sport-related concussion.

The student/athlete and parent/guardian agree to accept responsibility for reporting any signs and symptoms of a concussion to the coaching/athletic training staff, or other health care personnel.

The student/athlete and parent/guardian, acknowledge, understand, and agree to abide by the fact that students are prohibited from any participation until this form is completed and returned to the appropriate school personnel.

By signing below we, student/athlete and parent/guardian, acknowledge and understand our responsibility to abide by and consent to all Franklin School District concussion protocols.

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*Printed name of student/athlete*    *Signature*    *date*

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*Printed name of parent/guardian*    *Signature*    *date*

**\*\*The Concussion Management Plan can be found at [www.franklin.k12.wi.us](http://www.franklin.k12.wi.us)**  
*(Click on: Schools, Franklin High School, Athletic & Activities Information and then Concussion Management Plan)*

**Return to:** Athletics & Activities Department, School Office or Recreation Department Office