

## GENERAL INFORMATION

*The 2016 Maverick Football Camp is beneficial to any young person interested in playing interscholastic football this coming season. The camp will be conducted by the Madison High School Football Coaching Staff and is available to all incoming 7th, 8th, and 9th grade football players from the Madison HS attendance zone and/or incoming freshmen that have been admitted to the AMP.*

## AREAS OF INSTRUCTION

- 1. Athletes will be taught the basic fundamentals of the Madison Football Program to include offensive, defensive, and kicking game skills.*
- 2. Athletes will be introduced to the Madison Football In-Season Strength and Conditioning Program and the benefits of proper nutrition.*
- 3. Athletes will begin goal-setting and will receive instruction and encouragement on academic achievement and responsibility.*

## MADISON HIGH SCHOOL FOOTBALL PROGRAM MISSION STATEMENT



**EACH YEAR WE WILL RELENTLESSLY PURSUE A STATE CHAMPIONSHIP BY INSTILLING AND FOSTERING WITHIN OUR ATHLETES THE VALUES OF OVER-ACHIEVEMENT, WORK ETHIC, SELF-DISCIPLINE, ATTENTION TO DETAIL, HONESTY, PRIDE, AND RESPECT; BY CREATING AND NURTURING A POSITIVE ENVIRONMENT THAT DEVELOPS AND PROMOTES CONFIDENCE, LEADERSHIP, SELF-ESTEEM; BY UTILIZING SOUND AND ORGANIZED TEACHING PRINCIPLES AND PROGRESSIONS, AND BY TEACHING AND PRACTICING SOLID FUNDAMENTALS WITH AN OVERWHELMING "SENSE OF URGENCY."**

## MADISON HIGH SCHOOL

# 2016 MAVERICK FOOTBALL CAMP



**WHEN  
EXCELLENCE  
BECOMES  
TRADITION,  
GREATNESS HAS  
NO LIMITS!**

**AUGUST 1-4, 2016**

# NORTHSIDE ISD CONSENT TO STUDENT ACTIVITY PARTICIPATION & MEDICAL TREATMENT FORM

Madison HS is proud to offer the opportunity for our students to participate in the Maverick 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.**

I, as (parent or guardian) of

\_\_\_\_\_, desire that my (child/ward) participate in the Maverick Football Camp and grant permission for my (child or ward) to participate 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 PARTICIPATION 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 Madison High School, in the case of medical emergency during the event, to consent to medical treatment of my child or ward,

\_\_\_\_\_ (name of child/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/Guardian Name (please print)

Phone Number

Parent/Guardian Signature

Date

Emergency Contact (please print)

Phone Number

**Date:** Monday, August 1st—Thursday, August 4th

**Time:** 8:00—11:00 AM

**Location:** Madison High School Football Field

**Cost:** \$25.00 (T-shirt included)

**Eligible Participants:** incoming 7th, 8th, & 9th grade football players.

**Payment Method:** \$25 cash or check

(Make checks payable to Madison High School)

*Can also pay in person on 1st day of camp, but clothing sizes cannot be guaranteed.*

**Contact Phone Number:** 210-356-1489 (Coach Campbell)

**Mailing Address:** Attn. Coach Campbell

Madison High School

5005 Stahl Road

San Antonio, Texas 78247

## Miscellaneous Information:

- 1. Must have completed physical on file at Madison H.S.**
- 2. Wear athletic shorts, T-shirt, and athletic shoes (preferably cleats and running shoes)**
- 3. Leave jewelry and valuables at home.**
- 4. Arrange to be on time and travel home at 11 AM.**

## REGISTRATION INFORMATION

STUDENT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

POSITION (OFFENSE/DEFENSE): \_\_\_\_\_

PREVIOUS SCHOOL: \_\_\_\_\_

GRADE NEXT YEAR: \_\_\_\_\_

T-SHIRT SIZE (ADULT SIZES): S M L XL XXL

AMOUNT ENCLOSED: \$ \_\_\_\_\_