



2015 Longhorn Football Camp

Camp Philosophy

Campers will learn:

- How to enjoy the game of football
- How each offensive position works
- How each defensive position works
- To respect the game, teammates, and opponents
- The basic rules and fundamentals of the game
- How nutrition fits into their game

Campers Should Bring:

- T-shirt, gym shorts, sneakers and cleats
- Personal water bottle

For more information:

- **Call 813.346.6200**
- **Email: smoss@pasco.k12.fl.us**

Camp Dates and Time:

August 3-6, 2015

8 AM- 12 PM

(Grades 6-8)

If possible, PLEASE pay online at:

www.schoolpay.com

Registration begins June 1 and ends on August 3

All Campers Receive:

- Camp T-shirt (first 50 applicants)
- In-depth instruction from Longhorn Coaching Staff
- Games and Contest
- Snacks

Daily Agenda:

- 7:30- 8:00 Arrive
- 8:00 Roll
- 8:10 Agilities and Stretch
- 8:30 Speed Cones/ Conditioning
- 9:00 Offensive Position Drills
- 10:00 Break
- 10:20 Defensive Position Drills
- 11:00 Flag Football
- 11:45 Wrapping Up the Day
- 12:00- 12:30 Pick Up

Campers may arrive at 7:45 AM and MUST be picked up by 12:30 PM.

Camp Form Application

Name: _____

Student Number: _____

Parent Name: _____

Contact Number: _____

I wish to attend:

▽ \$65 for individual camper

▽ \$110 for two campers

To receive price break, both applicants must have camp form filled out and paper work turned in at the same time.

Medical Release / Waiver Form:

I, I, the undersigned parent or guardian, do hereby grant permission for my Son/ Daughter whose name is _____, and hereinafter shall be referred as "participant," to participate in the John Long Middle School camp/ clinic. In order that the participant receive the necessary medical treatment in the event of an injury or illness, I hereby hold the clinic director and its representatives harmless in the exercise of authority.

II. I fully acknowledge and understand and agree that in taking part in this clinic there is a possibility of physical illness or injury (minimal, serious, or catastrophic) and that participant is assuming the risk of such illness or injury by participating.

III. I further agree to hold harmless the Pasco County School Board, the John Long Middle School Athletic Program, including the directors which conduct the camp/ clinic, and the coaches in which the camp/ clinic is being run by the illness or injury incurred by the participant during the course of the clinic.

IV. I understand that refunds will not be given for illness and/or no-shows past the deadline date.

Parent Signature: _____

Applicant Signature: _____