

**CASCADE
TEAM FOOTBALL CAMP 2008**
High School Camp: July 28-31

Name _____

Birthdate _____

Address _____

City _____ State _____ Zip _____

Telephone _____

School _____

T-Shirt Size

Camper \$125 Deadline for Payment July 1, 2008

S M L XL 2XL 3XL

Make Checks Payable to: Cascade Football

Mail to:
Cascade Football Camp
10226 Marion Rd SE
Turner, Oregon 97392

Make sure your name is included so we can distinguish who the payment is for.

Insurance Information.

*Please bring a copy of insurance card.

Policy Holder _____

Insurance Company _____

Address _____

City _____ State _____ Zip _____

Phone number _____

Insurance ID/Group Number(s)



Please feel free to contact Cascade varsity coach Terry Graham at anytime with any questions regarding this camp:

School Phone: 503-749-8231

Home Phone: 541-327-7872

Email: tgraham@cascade.k12.or.us

Or visit our website: cascadesports.org/football

**CASCADE
TEAM FOOTBALL
CAMP 2008**



**High School Camp:
July 28-31**



Cascade High School
10226 Marion Rd SE
Turner, OR, 97392

Day 1

1:00 pm Teams check in
 2:30 Team orientation
 3:00 Camp on-field practice #1
 5:30 Dinner
 7:00 Practice
 9:00 End of practices
 11:00 Lights out

Day 2 & 3

6:45 am Wake-up call
 7:00 Breakfast
 8:00 Coaches meeting
 9:00 Practice
 12:00 pm Lunch
 2:00 Practice
 5:30 Dinner
 7:00 Passing League /OL and DL
 Competition or Team Practice Time if needed
 9:00 End of Practice and Competi-
 tions
 11:00 Lights Out

Day 4

6:45 am Wake-up call
 7:00 Breakfast
 8:00 Coaches meeting
 9:00 Team scrimmages x 3
 12:00 pm Camp concludes

*Sack lunches will be provided upon departure

**At each camp practice and competition, partici-
pants are required to wear the following:**

Helmet
 Shoulder Pads
 Tail Pad
 Thigh Pads
 Knee Pads
 Hip Pads
 Mouthpiece
 Appropriate footwear (cleats and shoes)

Facilities: All camp sessions are held at Cascade School District Campus. Eight 100-yard fields will be available.

What to bring: Sleeping bag, Pillow, towel, clothes and toiletries. Some nights get cold, and participants are encouraged to bring long pants, a jacket and an extra blanket. You must provide your own tent if camping outdoors. In addition, we recommend that all campers bring a Water Bottle, Sunscreen and Lip Balm. And, remember to label ALL items brought to camp. Lost and Found items are donated to a local charity one week after the camp session ends.

Behavior Guidelines and Consequences: In order to provide a pleasant environment and to ensure the safety of our campers and staff, disruptive, destructive and/or dangerous behavior by campers is NOT ALLOWED. Such behavior will result in the camper being removed from the current program. If the behavior continues, the camper will be dismissed from the camp. When a participant is dismissed from camp for unacceptable behavior there will be NO REFUND.

Meals and Concessions

Meals will be provided daily in the cafeteria. A concessions area will be located at the football field.

RISK AND WAIVER OF LIABILITY

Both participants and parent(s) / guardians must read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety. It is a binding legal document. This form must be signed by you as the participant AND by your parent or legal guardian. I, the undersigned, am aware that participation in Cascade Football Camp ("Camp") may include activities that are risky and dangerous. Both participant(s) and their parent(s) / guardians ("I") acknowledge and accept the risks and give permission for participation in the Camp. In consideration of the Cascade football camp permitting me/my dependant to associate with the Camp, I and my dependent hereby voluntarily assume all risks associated with participation. To the extent permitted by law, I agree to indemnify, defend, save, hold harmless, discharge and release the State of Oregon, The Regents of the Cascade School District, their agents and employees from any and all liability, claims, causes of action or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the above named Camp, whether caused by the school's negligence or carelessness. It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall serve as a release, discharge and assumption of risk for my heirs, estate, executor, administrator, assignees and all members of my family. I understand that disregard for Cascade policies and applicable laws may be considered grounds for dismissal from Camp, and prompt return home at my/parent expense with no refund. I hereby certify that my dependant is in good health and I know of no medical reason why he/she is not able to participate in this Camp. I hereby consent to first aid, emergency medical care and if necessary, admission to an accredited hospital when necessary for executing such care, for treatment for injuries that he/she may sustain while participating in any Camp associated with the above named Camp. I agree that you may photograph my child during, and in connection with, the Camp. I agree that you shall be the exclusive owner of the photograph and all copyright and other rights of the photograph.

Camper's signature:

_____ **Parent / Guardian's signature:**

_____ **Parent / Guardian - PRINT name:**

_____ **Date:**

EMERGENCY CONTACT INFORMATION – PLEASE PRINT

_____ **Name:**

_____ **Relationship to participant:**

_____ **Phones:**

WORK _____
HOME _____ **CELL** _____