

Program Dates:

Monday, May 29th  
through  
Friday, Aug 4th

**State  
Football Champs:**  
2006, 2007, 2008, 2014, 2015,  
2017, 2018

Centennial HS

[www.centennialcoyotesfootball.com](http://www.centennialcoyotesfootball.com)

*Improve your strength, speed, conditioning & football skills with our successful program.*

# 2023 CENTENNIAL COYOTES SUMMER FOOTBALL PROGRAM (7,8,9TH grade)



## WEIGHTLIFTING For 7,8,9 Graders

DAYS/TIMES:

*\*Monday - Friday\**

7:30am—9:00am

\*All activities begin Monday 29th

## FOOTBALL SPEED/SKILLS

DAYS/TIMES:

*\*Monday\**

Specialists (Kickers/Snappers):  
6pm-7:30pm

*\*Tuesday & Thursday\**

7on7 Skills & Lineman Camp or  
Competition (TBA): 6pm-8pm

*\*Wednesday\**

Speed & Conditioning:  
7:30am-9:00am

## HOW DO I SIGN UP?

Bring your registration and payment to the Centennial HS Bookstore. Pay with debit card, cash or check (checks made out to: Centennial High School) No payments taken over phone. Bookstore phone #(623) 412-4417

For more information contact  
Coach Andrew Taylor  
[antaylor@pusd11.net](mailto:antaylor@pusd11.net)

For the latest information go to our website:

[www.centennialcoyotesfootball.com](http://www.centennialcoyotesfootball.com)

## Cost: \$100

\*All participants will receive a detailed weightlifting program, strength building sessions with weightlifting instruction appropriate for skill level, participation in speed, agility, quickness, and conditioning drills,

\*Participants need workout clothes, water, running shoes, and cleats.

\*Incoming 9th graders please get your Physicals and upload to Register My Athlete, before starting camp. This is required by PUSD and AIA. Players that are 7th & 8th graders please fill out the Youth Camp/Clinic Registration form. Instructions are attached or you can locate them on CeHS Athletic website.

CeHS SUMMER WEIGHTLIFTING/FOOTBALL CAMP REGISTRATION

2023

Player's First & Last Name: \_\_\_\_\_

Parent Name & Phone Number \_\_\_\_\_

Grade Level: \_\_\_\_\_

Date Paid \_\_\_\_\_

Bookstore use only



## YOUTH CAMP/CLINIC REGISTRATION

CAMP NAME \_\_\_\_\_ SCHOOL Centennial High School

### PERSONAL INFORMATION

STUDENT NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_ AGE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_ PHONE \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_ PHONE \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

### INSURANCE

PUSD requires proof of insurance as a condition of participation in all extra-curricular activities. If you do not have health insurance, it is offered through a 3<sup>rd</sup> party vendor which can be found at [www.studentinsurance-kk.com](http://www.studentinsurance-kk.com). Students and parents are responsible for their own insurance.

I HAVE INSURANCE ( ) YES ( ) NO (student is not eligible to participate)

INSURANCE COMPANY \_\_\_\_\_ POLICY # \_\_\_\_\_

### HEALTH SCREEN

Has a doctor ever denied or restricted your participation in sports? ( ) NO ( ) YES \_\_\_\_\_

Do you have an ongoing medical condition (ie: diabetes, asthma, etc)? ( ) NO ( ) YES \_\_\_\_\_

Are you currently taking any prescription or non-prescription medicines? ( ) NO ( ) YES \_\_\_\_\_

Do you have any allergies to medicines, pollens, foods, or stinging insects? ( ) NO ( ) YES \_\_\_\_\_

Has a doctor ever told you that you have ( ) high blood pressure, ( ) heart murmur, ( ) high cholesterol, ( ) heart infection

Any other concerns you would like to share with camp staff? \_\_\_\_\_

I hereby state that, to the best of my knowledge, my answers to all of the above questions are complete and correct. Furthermore, I acknowledge and understand that my eligibility may be revoked if I have not given truthful and accurate information in response to the above questions.

Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_

## CONSENT TO TREAT

Parental consent for minor athletes is generally required for sports medicine services, defined as services including, but not limited to, evaluation, diagnosis, first aid and emergency care, stabilization, treatment, rehabilitation and referral of injuries and illnesses, along with decisions on return to play after injury or illness. Occasionally, those minor athletes require sports medicine services under circumstances in which a parent or legal guardian is not immediately available to provide consent pertaining to the specific condition affecting the athlete. In such instances it may be imperative to the health and safety of those athletes that sports medicine services necessary to prevent harm be provided immediately, and not be withheld or delayed because of problems obtaining consent of a parent/guardian.

I, \_\_\_\_\_, the undersigned, am the parent/legal guardian of, \_\_\_\_\_, a minor attending camp/clinic at \_\_\_\_\_ (name of school) who intends to participate in extra-curricular activities. I understand that the school/district may employ or designate Qualified Medical Professionals to be present before, during or after extracurricular activities. I hereby give consent to any such QMP to provide any such sports medicine services to the above-named minor. The QMP may make decisions on return to play in accordance with the defined scope of practice under the designated state license, except as otherwise limited by Arizona law. I also understand that documentation pertaining to any sports medicine services provided to the above-named minor, may be maintained by the QMP. I hereby authorize the QMP who provides such services to the above-named minor to disclose such information about the athlete's injury/illness, assessment, condition, treatment, rehabilitation and return to play status to those who, in the professional judgment of the QMP, are required to have such information in order to assure optimum treatment for and recovery from the injury/illness, and to protect the health and safety of the minor. I understand such disclosures may be made to above-named minor's camp/clinic coaches, athletic director, or school nurse.

Parent's (Guardian) signature \_\_\_\_\_ Date \_\_\_\_\_

## RELEASE OF LIABILITY, ASSUMPTION OF THE RISK

Please read this document completely. By signing this waiver, you are assuming the risks of injury and/or damages incurred while your child and you are participating in Athletics and Extra-Curricular Activities at Peoria Unified School District and releasing the District from any claims, suits, damages and expenses related thereto.

I hereby acknowledge that my child, if I am signing for them as their legal parent/guardian, or myself, voluntarily desires to participate in athletic (or extra-curricular activities) at "Peoria Unified School District (District). These activities include, without limitation intramural sports, District sponsored events and/or any other sport or activity associated, sponsored or affiliated with the District. I recognize and expressly agree that participating in any sport or activity associated with athletics is an inherently dangerous activity. Further, I recognize that injuries or damages can occur despite the District's best efforts to avoid them and that the District cannot guarantee Participant's Safety.

### **Waiver and Release from Liability:**

In consideration of permission to participate in all activities, today and for all future dates I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue the District, its board, officers, employees and agents for any damages, injuries, accidents, illnesses or property loss to myself or others arising from my child's/my participation in activities, classes, observation or use of facilities, premises, or equipment.

### **Assumption of Risks:**

There are many risks associated with participation in extra-curricular and/or physical activities. The risks range from minor injuries, such as scratches, bruises, and sprains to major injuries such as eye injury or loss of sight, joint or back injuries, broken bones, concussions and brain injuries to catastrophic injuries including paralysis and death. I hereby acknowledge that my child's, or my participation is voluntary and that I knowingly assume all such risks. I further expressly agree that the foregoing waiver and assumption of risk agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Arizona.

### **Acknowledgement of Understanding:**

I have read this Waiver and Release of Liability and fully understand its terms. I acknowledge that I am signing the agreement freely, voluntarily, and intend by my signature, to be a complete and unconditional release of all liability to the greatest extent allowed by law. This document applies for the entire duration of my child's, or my participation in school physical activities and sports at the Peoria Unified School District.

Student (Participants) Name \_\_\_\_\_ Date \_\_\_\_\_

Parent's (Guardian) signature \_\_\_\_\_ Date \_\_\_\_\_