

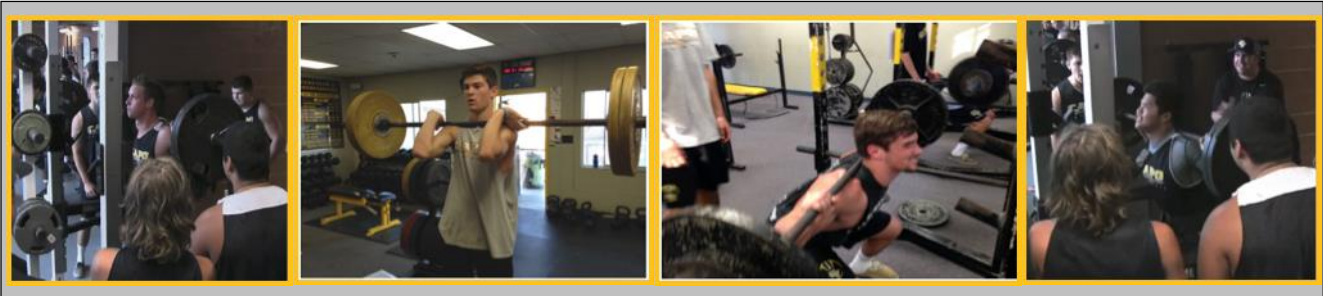


Capistrano Valley High School
Football 2017

Junior High Weightlifting Camp 2017

Capistrano Valley Jr. High Weightlifting Camp provides an opportunity to increase strength and learn proper weightlifting techniques. Come join us to improve your skills to be a better athlete, and to have fun!

Capo Valley Football Assistant Strength and Conditioning Coach Scott Schepens will run the Weightlifting Camp.



2017 Jr. High Weightlifting Camp	
WHO:	Current 6 th , 7 th & 8 th grade students who are interested in getting stronger and learning proper weightlifting techniques.
WHERE:	Capo Valley High School Weight Room (located next to Stadium)
WHEN:	Session 1: February 27 March 1, 6, 8, 13, 15, 20, 22, 27 & 29 Session 2: April 10, 12, 17, 19, 24, 26 May 1, 3, 8, 10
TIME:	5PM to 6PM: Mondays and Wednesdays
FACILITATION:	CVHS Football Boosters Association sponsors this camp. To operate the camp we request a voluntary contribution of \$100, which includes ALL 8 weightlifting meetings (1 complete session). You also have the option to attend on a “per meeting” basis, \$15 requested contribution per meeting. Make Checks Payable to CVHSFBA.
REGISTRATION:	Registration form (next page) must be completed if attending any or all meetings. Mail to: CVHSFBA, PO Box 3392, Mission Viejo, CA 92690 or bring it to the first camp meeting attending.
PLAYERS NEED:	Completed registration form, sports waiver & release of liability form prior to participation

Please note that the Constitution of the State of California requires that we provide a public education to you free of charge. Your right to a free education is for all school/educational activities, whether curricular or extracurricular, and whether you get a grade for the activity or class. Subject to certain exceptions, your right to a free public education means that we cannot require you or your family to purchase materials, supplies, equipment or uniforms for any school activity, nor can we require you or your family to pay security deposits for access, participation, materials, or equipment.



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Registration Information
Capistrano Valley Football Jr. High Weightlifting Camp

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Participant Last Name		Participant First Name		Date of Birth
Street Address		City	Zip	Current Grade
Parent Phone		Secondary Phone		
Parent Email Address				
Emergency Contact Name		Relationship	Phone	
VISA or Mastercard (circle one)			Total Donation: \$	
Account Number			3 digit security code	
Expiration Date		Signature		
<p>Registration form must be filled out completely! Return with Sports Waiver and Release of Liability Form</p>				

Flyer not printed at CUSD expense

Mail check, registration form, sports waiver and liability release to:
CVHSFBA, PO Box 3392, Mission Viejo, CA 92690

EMAIL: Please email Coach Bucher at eebucher@capousd.org to let us know if you plan on attending any or all of the weightlifting meetings/sessions. If you have any other questions, please email Coach Bucher.



CVHS Football Boosters Association
Sports Waiver and Release of Liability

_____ (hereinafter "Student") and
_____ Student's parents

("Parents/Guardians") acknowledge and agree that they must assess the risks involved in the participation in competitive athletics and make the choice to participate in spite of the potential risk of serious, catastrophic, and perhaps fatal consequences. Student and Parents/Guardians, acknowledge and agree that no amount of instruction, precaution or supervision will totally eliminate the risk of injury or of adverse medical consequences to Student. Participation in athletics is inherently dangerous and may be severely impacted by Student's existing medical conditions.

By granting permission to Student to participate in athletic competition, Parents/Guardians acknowledge that playing or practicing a sport can be dangerous activity involving many risks of injury. Both the Student and Parents/Guardians understand and agree that the dangers and risk of playing or practicing include, but are not limited to, death, complete or partial paralysis, brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons and other aspects of the skeletal system, and the potential impairment of other aspects of the body, general health and well being.

Student and Parents/Guardians acknowledge and agree that they have been warned and cautioned against to the participation of Student in such activities. Nevertheless, in order to facilitate participation of Student in such activity, Student and Parents/Guardians, agree that if Student does engage in CVHSFBA sponsored athletic activity including, without limitation, practice, conditioning, athletic competition, games or use of school facilities, Student and Parents/Guardians do so at their own risk.

Student and Parents/Guardians agree that Student is voluntarily participating in these activities and using school facilities and premises and assumes all risk of injury, illness, damage or loss that might result, including, without limitation, injury, illness, or death. Student and Parents/Guardians agree on behalf of themselves (and their personal representatives, heirs, executors, administrators, agents and assigns to release and discharge the CVHS Football Boosters and Capistrano Unified School District, their employees, agents, representatives, coaches, assistant coaches, officials, successors and assigns, from any and all claims or causes of action (known or unknown) arising out of participation of Student in such activities and/or the negligence of CVHSFBA and/or CUSD. This Waiver and Release of Liability includes, without limitation, injuries which may occur as a result of Student's participation in any of the activities associated with athletic competition in practice or negligent instruction or supervision of Student.

You acknowledge that you have completely read this Waiver and Release and fully understand that it is a release of liability. You are waiving any right that you may have to bring legal action or assert a claim against CVHSFBA and/or CUSD by reason of participation of Student in athletic activities.

_____ Date _____ Student

_____ Date _____ Parent/Guardian

_____ Date _____ Parent/Guardian