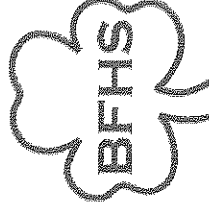
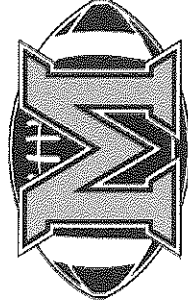


WARRIOR FOOTBALL ACADEMY 2019



DOVER-SHERBORN



Three Day Football Skills Camp at
MEDFIELD HIGH SCHOOL
88R SOUTH STREET, MEDFIELD, MA 02052

This event is not
sponsored by the
Medfield Public Schools

MONDAY, TUESDAY, WEDNESDAY
AUGUST 12-14th (August 15th Rain Date)
4PM--7PM
COST: \$110.00 per player by August 1st
\$120 per player AFTER August 1st

Certified Athletic Trainer on site--FULLY INSURED

DAY ONE: NO PADS

DAY TWO: HELMETS

DAY THREE: HELMETS & SHOULDER PADS

(Players should wear a mouthpiece & bring snacks and fluids)

Camper Name: _____ Age: _____ Grade Entering for Fall '19: _____

Home Address: _____ Hometown/High School Name: _____

Parent Email: _____ Parent Cell Phone: _____

Please circle ONE offensive position and ONE defensive position:

OFFENSIVE POSITION: OL QB RB WR TE DEFENSIVE POSITION: DL DE OLB ILB DB

Check #: _____ T-Shirt Size: _____ Insurance Carrier & Number: _____

Health Issues/Allergies: _____

Please fill out and return to:

Checks can be made out to: WARRIOR INDUSTRIES, LLC
% WARRIOR FOOTBALL ACADEMY
P.O. BOX 256
BELLINGHAM, MA 02019

This three day camp offers players from six high schools a chance to sharpen their skills before the football season begins. Our goals are:

- *Provide skill development for all positions on offense and defense.
- *Allow for a period of focus on special teams.
- *Prepare players for preseason by running conditioning drills.
- *Provide a competitive component with passing league competitions each night.
- *Allow coaches and players to refine their individual, position-specific time periods.
- *Provide an opportunity to hear college coaches talk about the recruiting process.

The signed participant has my permission to participate in this clinic. I understand and accept the condition that neither the Warrior Industries, LLC. it's directors or coaches, or the site owner will assume responsibility for medical and dental expenses incurred as a result of participation in this clinic. I also confirm that the participant has personal medical insurance coverage and that any expenses incurred while at the clinic is my responsibility. In case of an emergency, I understand that every attempt will be made to contact the person listed. If contact is unsuccessful, I give permission to the attending medical personnel to render medical treatment to the participant.

Parent/Guardian Signature