

**LCC Boosters and Maverick Football Program
Present:**

FLAG FOOTBALL

An exciting flag football league created for
6th, 7th, and 8th grade students.
Meet the high school players and have fun!

- Who:** 6th, 7th and 8th Grade Students
What: 7 on 7 Flag Football and Football Skills
Where: La Costa Canyon High School
When: Saturdays from 2:30 pm until 4:30 pm
Dates: April 14^{th*}, April 21st, April 28th, May 12th, May 19th
Coaches: LCC Football Players led by LCC Head Coach Sovacool
Why: Fun, Camaraderie, Experience Maverick Football,
Gain Skills and Knowledge!
Cost: \$100 before April 14th, \$120 Late Registration
Includes: Tee Shirt and Unforgettable Experience!

*April 14th - evaluations and team formation - please come by 2:00 pm on the LCC turf field NOTE: No Games or Practice May 5th!

Parent Information Meeting April 14th, at the LCC field, 3:00 pm.
(Please Attend for information even if you have to come late.)

*** Register Now, we can only accommodate 120 students.

Questions:

email: Sean Sovacool at lccmavfootball@gmail.com or
call: 760 436-6136 x6186
website: <http://www.lccfootball.com/>

Make checks payable and mail registration paperwork to:
LCC Foundation, 1 Maverick Way, Carlsbad, CA 92009 – Please memo LCC football

2012 – Maverick Flag Football Camp

General Registration Information:

Name of Participant

Current Grade

Name of Current School

email address

emergency cel phone

Mail the 3 registration pages to:

**Sean Sovacool, LCC faculty
LCC Foundation
One Maverick Way
Carlsbad, CA 92009**

Please attach your check for \$100 made payable to LCC Foundation, memo Football.

- _____
1. PLEASE FILL OUT ALL FORMS COMPLETELY WITH ALL NECESSARY SIGNATURES.
2. Registration form, Release of Liability form, and Consent to treat a Minor form.

FOR OFFICIAL USE ONLY

Date Registration Received: _____ Date Registration Verified: _____

Paid by: CASH CHECK Check Number: _____ Amount: _____

AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

I THE UNDERSIGNED AS PARENT/LEGAL GUARDIAN OF _____, do hereby authorize the Maverick Flag Football Camp or its employees, directors, coaches, officials, and adult volunteers, ("Camp Staff") to provide routine health care, administer prescribed medications as needed, administer non-prescribed over-the counter medication, consent to an X-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital, including emergency room, care (collectively referred to as "medical care") to be rendered on the Minor under the general or special supervision and upon the advice of a physician or surgeon licensed under the laws of the State of California.

THE UNDERSIGNED UNDERSTANDS AND AGREES that the Camp, the La Costa Canyon High School Foundation, and its directors, officers, employees, and agents ("Foundation") shall not be legally or financially liable for any bill or medical expense incurred or any cause of action or claim arising from any medical care or the lack of medical care.

THE UNDERSIGNED AGREES TO INDEMNIFY, DEFEND, AND HOLD HARMLESS the Camp and the Foundation from any claim made by or behalf of the Minor or the Minor's heirs, parents/guardians arising out of any medical care provided.

I hereby voluntarily and without compensation authorize the Camp to record and use the likeness of my child and to publicize and display such likeness without notice or payment of any royalty, fee, or compensation of any character to me for the use of the likeness.

Date _____ Parent/Guardian _____

IS THE CHILD COVERED BY MEDICAL INSURANCE: YES NO
INSURANCE COMPANY NAME: _____
POLICY NUMBER: _____

EMERGENCY CONTACT INFORMATION

Parent/Guardian:	_____	_____
	Home Telephone	Other Telephone
Non-Parent/Guardian	_____	_____
	Home Telephone	Other Telephone

RELEASE AND WAIVER OF LIABILITY

I understand that my child _____ has enrolled in the, Maverick Flag Football Camp that is to take place at La Costa Canyon High School.

I understand that there are risks associated with participating in Maverick Flag Football Camp, which could include the risk of injury to person and/or property, including death.

In consideration of being allowed to participate in the Camp and related events and activities, I the undersigned parent/guardian of the child named above do hereby acknowledge, appreciate, and agree to as follows:

I _____ HEREBY RELEASE, WAIVE, DISCHARGE FOREVER, AND COVENANT NOT TO SUE the La Costa Canyon High School Foundation, its directors, officers, agents, employees, and any and all Camp sponsors, officials, coaches, volunteers, and others involved in the Camp (hereinafter "Releases") from all liability to the undersigned or such children and all his or her personal representatives assigns, heirs, and next of kin for any loss or damage and any claim or demands therefore on account of any and all injury to person or property, including death, to the undersigned or such children while the undersigned or such children are attending the Camp or related activities.

THE UNDERSIGNED FURTHER AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releases and each of them from any loss, liability, damage or cost (including attorneys fees) the Releases may incur as a result of attendees' attendance at the Camp or any related activity thereof.

The **UNDERSIGNED** further expressly agrees that the foregoing **RELEASE, WAIVER, and INDEMNITY AGREEMENT** is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held in valid, it is agreed, that the balance shall continue in full force and effect.

THE UNDERSIGNED WARRANTS that he/she has no knowledge of any physical impairment that would be affected by the attendee's participation in the Camp.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representatives, statements, or inducements not contained in this Waiver have been made.

Date _____ Parent/Guardian _____