

# "EARLY EDGE FOOTBALL"

## 2010 JIM HARTIGAN FOOTBALL CAMPS

This is an opportunity for all Junior High School Student-Athletes (current 7th and 8th Grade Students only) to gain an "Early Edge" for their futures in High School Football. The program will focus on the entire game of football, which will include learning the game on the field, as well as in the classroom. The sessions will teach vital football skills that will aid in their future success, along with mixing in strength, speed & agility training. Video review and "chalk talks" will also be given to aid in the players overall football knowledge.

Each session will last for 2 weeks, meeting **\*Monday thru Thursday 4:30-6pm @ JSerra Catholic High School**. Each session will focus on different aspects of football including team & individual skills. It is highly recommended that each player attend all sessions in order to achieve the desired results.

<u>Session Fees</u>		<u>Session Dates</u>	
<b>1 Session</b>	<b>\$100</b>	<b>Session I</b>	<b>Mar 1 — Mar 11</b>
<b>2 Sessions</b>	<b>\$200</b>	<b>Session II</b>	<b>Mar 22 — Mar 31</b>
<b>3 Sessions</b>	<b>\$300</b>	<b>Session III</b>	<b>Apr 12 — Apr 22</b>

**\*\*\*There will be no Camp Thurs. 4/1 of Session II\*\*\***

For more information please contact staff support at: [runtheball@yahoo.com](mailto:runtheball@yahoo.com)



**Please make checks payable to: Jim Hartigan**

**Mail to: Early Edge Football Camp  
3808 Diamante  
San Clemente, CA 92673**



Athletes Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in fall 2010: \_\_\_\_\_  
 Parents Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Medical condition (s) we should be aware of: \_\_\_\_\_  
 Medical Insurance Carrier: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

**Emergency Authorization:** I give permission to the medical personnel selected by the camp director to order X-rays & routine tests for my child in the event I cannot be reached in an emergency. I give permission to the physician selected by the camp director to hospitalize, secure treatment for, and to order injection and/or surgery for my child as named on the registration form. **I hereby waive and release Coach Jim Hartigan & all JSerra Catholic High School employees** from any and all liability for any injuries or illness incurred while my child is participating in Jim Hartigan Early Edge Football Camp. I will be responsible for any medical or other charges in connection with my child's attendance. I know of no medical or physical problem which may affect my child's ability to safely participate in the Jim Hartigan Early Edge Football Camp.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**1 Session: ( I, II, III ) \$100 x # of players ( ) =**  
**2 Sessions: ( I, II, III ) \$200 x # of players ( ) =**  
**3 Sessions: ( I, II, III ) \$300 x # of players ( ) =**

**All Camp Fees are NON REFUNDABLE**

