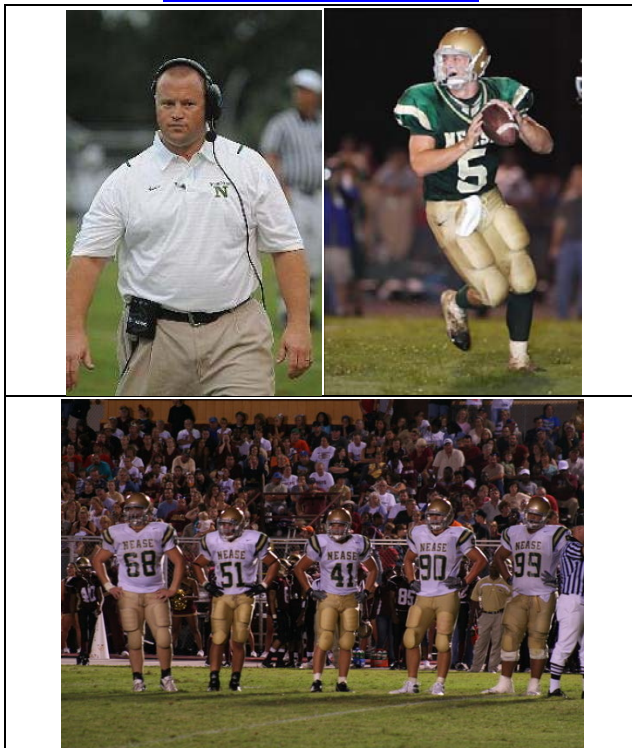


2010 Coach Cowgill Camps

Danny Cowgill – Head Coach, NEASE PANTHERS

www.coachcowgillcamps.org



Questions, call Coach Cowgill at 904-535-5645 or David San Juan at 904-233-4077 - Financial aid available.

2010 COACH COWGILL CAMPS REGISTRATION FORM

SELECT CAMP(S) ATTENDING:

Bigger, Faster, Stronger Camp, \$199
Fall Grades 7-12, June 21ST - August 5TH /M-Th 7:00 am-Noon

Youth Day Camp 1, \$99 (inc. lunch/popsicles)
Ages 6-12, June 23rd – 25th / 8:30am-1:30pm

Youth Day Camp 2, \$99 (inc. lunch/popsicles)
Ages 6-12, July 7th – 9th / 8:30am-1:30pm

Junior Night Camp 1, \$99
Ages 10-14, June 28th – July 1st / 5:30pm-8:00pm

Junior Night Camp 2, \$99
Ages 10-14, July 12th – 15th / 5:30pm-8:00pm

Name: _____

Age: _____ Grade next fall _____

Address: _____

Phone Number(s): _____

Parent(s) Names: _____

Have you played football before ___ Yes ___ No

If Yes, how long? _____

Football Position(s) played: _____

Approx. Height: _____ Approx. Weight: _____

Parent E-mail Address: _____

BFS CAMP	\$199	_____
YDC 1	\$99	_____
YDC 2	\$99	_____
JNC 1	\$99	_____
JNC 2	\$99	_____

TOTAL: \$ _____ Enclosed

Make check payable to Coach Cowgill Camps

See www.coachcowgillcamps.org
For camp schedules and what to bring

Sign and return with payment to:
Coach Cowgill at Nease

OR MAIL TO:
Coach Cowgill Camps
429 W. Silverthorn Lane
Ponte Vedra, FL 32081

CONSENT, WAIVER & RELEASE FORM
In consideration of my application being accepted, I, intending to be legally bound, do hereby, for myself, my heirs, executor and administrators, waive, release and forever discharge any and all rights and claims for damages, which I may have or which may hereafter accrue against COACH COWGILL CAMP, Nease High School, St. John's County schools, any coach involved in camp, and/or their respective officers, representatives, successors, and/or assigns, for any and all damage which may be sustained or suffered by me in connection with my association with or participating in and/or rising out of my travel to or from this camp. THIS WILL HEREBY CERTIFY THAT THIS PARTICIPANT IS QUALIFIED TO ATTEND THIS CAMP. I further state that officers, representative, successor, and/or assigns are in no way responsible for any pre-existing injury, or reoccurrence of any injury illness, disclosed or undisclosed. I give my written permission for my child to be treated by a medical doctor if deemed necessary by coaches. I, THE PARENT OR GUARDIAN, DO HEREBY AGREE TO THE ABOVE WAIVER AND RELEASE FURTHER CERTIFY HEALTH INSURANCE COVERAGE FOR THE PARTICIPANT NAMED HEREIN AND ACKNOWLEDGE THE SOLE USE OF SAID HEALTH INSURANCE IN ALL CASES RELATIVE TO PARTICIPATION IN THIS CAMP.

SIGN HERE: _____

Signature, Parent or Guardian

Please Print Name _____

Date _____

INSURANCE INFORMATION - Important: Your health insurance will be the source if illness occurs or if your child needs care.

Any known allergies: _____

Bigger, Faster, Stronger Camp - Grades 7-12
June 21ST - August 5TH
M-Th 7:00 am-Noon, \$199

Youth Day Camps - Ages 6-12
YDC 1: 6/23-25 YDC 2: 7/07-09
8:30am-1:30pm, \$99 (includes lunch/popsicles)

Junior Night Camps - Ages 10-14
JNC 1: 6/28-7/1 JNC 2: 7/12-15
5:30pm-8:00pm, \$99 (includes strength training)

NOTE: Nease Football Strength & Conditioning - Grades 9-12
Available June 21ST - August 5TH