

Mission Oaks Recreation and Park District

El Camino Football Strength Conditioning and Skills Program 2016

May 16 - 25 and June 6 - August 4, 2016

AGREEMENT, WAIVER, AND RELEASE
Unsigned Form Will Not Be Processed

In consideration for being permitted by the above district to participate in the above activity. I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me as a result of participation in said activity. This release is intended to discharge in advance the above district (its officers, officials, employees, and agents) from any and all liability arising out of, or connected in any way, with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense, which they may

PARENTAL CONSENT: (to be completed and signed by parent/guardian if applicant is under 18 years of age) I hereby consent that my son/daughter, _____ to participate in the above activity, and I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of the death or injury or property damage that said minor may sustain while participating in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE DISTRICT AND I SIGN IT OF MY OWN FREE WILL.

Signature: _____ Date: _____

Name(Printed): _____

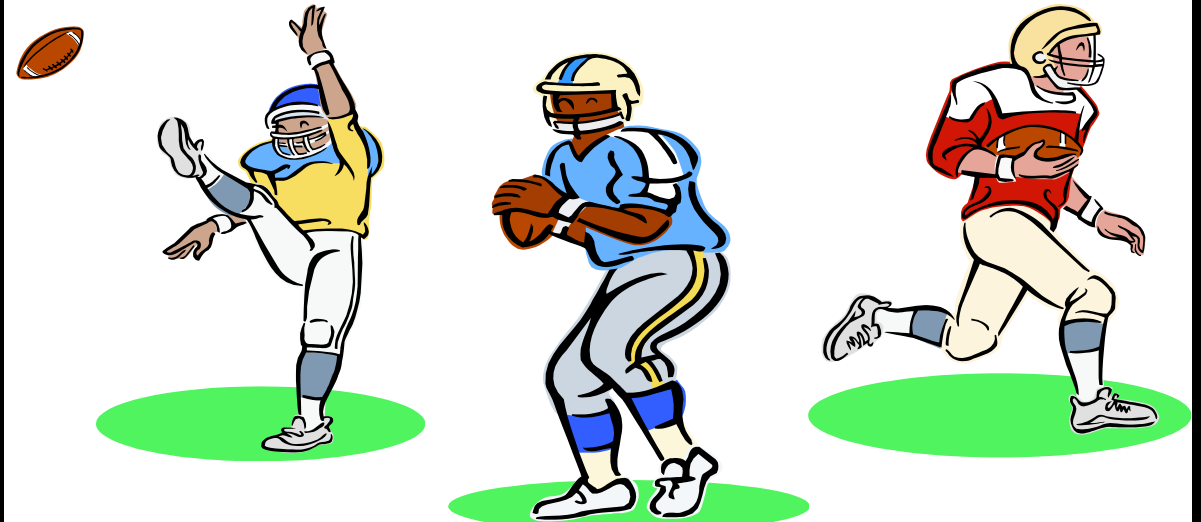
Signature of: Parent _____ Guardian _____ Participant over 18 years _____

****PLEASE WRITE PARTICIPANT'S NAME IN BOX PROVIDED ABOVE****

Mission Oaks Recreation and Park District Presents:

El Camino Football

Strength Conditioning and Skills Program 2016



MORPD.com

This is not of the San Juan Unified School District and San Juan accepts no liability or responsibility for this program.

Program Information

Who: Students who will be enrolled at El Camino High School during the 2016/2017 school year.

Dates: **May 16 - 25, 2016**
MON - WED 3:30 - 5pm (All grade levels).

June 6 - August 4, 2016
MON/TU/THU
Varsity 6:30-8:45am JV/Frosh 8:30-11am

Wednesday
Varsity 4-6pm JV/Frosh 4:30-6:30pm

Where: El Camino High School Weight Room and Athletic Fields
4300 El Camino Avenue, Sacramento

Cost: \$125

Refunds: Refunds will not be given after the first day of the program. Request for refunds must be submitted a minimum of 7 working days prior to the first day of the program. This is subject to \$5 or 10% administrative fee. To request a refund call 488-2810 or visit our website at MORPD.com.

For more information contact: Adam Reinking, Head Football Coach, El Camino High School at adam.reinking@sanjuan.edu or visit ecfootball.org

Registration Form

When: Registration begins April 4 through July 11, between the hours of 8:30am and 4pm

Where: Registration will be accepted Online at MORPD.com; faxed, mailed or in person at the District Office located at 3344 Mission Ave., Carmichael, CA 95608. Forms may be faxed to 488-4349, credit card number and expiration date must accompany fax. Payment must accompany mailed registration forms. Cash, check, money order or Visa will be accepted. Please do not mail in cash. Make checks payable to MORPD; checks must contain a work or home phone number. A \$45 returned check fee will be charged on all returned checks.

Fee **\$125** Receipt # _____

Participant DOB ____/____/____

Name _____ Home Phone _____

School Attending _____ Grade ____ Age ____ Gender: M F

Mother's Name _____ Day Phone # _____

Father's Name _____ Day Phone # _____

Address _____

City _____ Zip _____

Emergency Contact _____ Phone # _____

Email Address _____

PLEASE COMPLETE WAIVER ON BACK

(Unsigned waivers will not be processed and participant will not be able to participate)

Please Check One: Check__ Cash__ Money Order__ MasterCard__ Visa__
Card Number _____ Exp. Date _____
Signature of Cardholder _____
DL # _____ Expiration Date _____