

**Newton Parks & Recreation Department and  
Catawba County Hornets are proud to be sponsoring a**

# **Football Skills Clinic**

**Saturday, July 20, 2019**

**9:00 a.m. to 1:00 p.m.**

**Westside/Jaycee Park**

**For Boys & Girls**

**Ages: 4 - 12**

**\$5.00 Suggested Donation**



- Kids will learn football fundamentals and coordination skills.
- Feature several stations according to ages which focuses on game-like skills.
- All children will receive a t-shirt.
- Lunch will be provided for all football camp participants.
- Registration is on a first come, first serve basis—spaces limited.
- Newton Parks & Recreation Department and Catawba Hornets participation waivers required. Waivers are available when registering at the Newton Recreation Department (NO CHILD will be allowed to participate in the camp without the properly signed waivers).



Player's Name: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Address: \_\_\_\_\_

Street Address

City

State

Zip Code

Phone Number

Birthdate: \_\_\_\_\_

Month

Day

Year

Do you live in the City Limits? \_\_\_\_\_

**To register, please contact the Newton Parks &  
Recreation Department  
@ (828) 695-4317 or visit [www.newtonnc.gov](http://www.newtonnc.gov).**

## Liability Release

The Event: The Catawba County Hornets Football Clinic

Football Skills Clinic held on Saturday, July 20, 2019

The Child: \_\_\_\_\_ (Name)

Address: \_\_\_\_\_

### Football Skills Clinic is a NON-Contact Camp

In consideration of the Child's right to participate in the Event, I agree as follows:

1. I authorize the Child to participate in the Events.
2. **I acknowledge that the Child's participation in the Event involves risk of serious bodily injury, death, and/or property damage.** I assume and accept all risk of bodily injury, death, property damage and other harm connected with the Child's participation in the Event. I acknowledge that I am responsible for any and all medical expenses due to the Child's illness or injury in connection with the Event.
3. **I acknowledge that the Event may involve strenuous and hazardous physical activities** and I certify that the Child is in excellent physical health and has no physical limitations that would prevent the Child from participating in the Event. I grant permission to the Camp parties (defined below) to provide the Child with emergency medical treatment if needed.
4. In consideration of the permission given to us by the City of Newton for participation in its recreation department athletic programs, the considerations hereinafter described, and other valuable consideration, we the undersigned, do release the City of Newton and all which my child may at any time have against said City and all such recreation staff members by reason of injury or damage of any type whatsoever which my child may suffer while engaged in such activities. This release is valid during the years my child participates. I release the sponsors, organizers or any of the supervisors appointed by them of any or all liability.

SIGN NAME: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

