





## 2025 FERNLEY HIGH SCHOOL YOUTH FOOTBALL CAMP

### THE PROGRAM

FHS coaching staff / Players are committed to creating the best Youth Football Camp, we are motivated and excited to serve the coaches and players with a safe, flexible, and fun camp to kick-off the 2025 season. This will be our very first youth football camp held at FHS, and we want you to be a part of it! Please see the following information:

- 3 days of practice at your discretion, in July (July 23rd, 24th, & 25th)
- Non-Contact Camp that addresses individual, group, and team development.
- Flexible Drill / Technique sessions designed to enhance individual skills & abilities.
- Competitive Drills and Activities for all age groups!
- Great experience working with FHS Coaches / Athletes!

### **GENERAL INFORMATION**

**LOCATION:** Fernley High School, 320 Highway 95A, Fernley Nevada, 89408

**DATES:** July 23<sup>rd</sup>, 24<sup>th</sup>, 25<sup>th</sup> from 6pm - 8pm

**CHECK IN LOCATION:** Check In time is 5:30pm or upon arrival. Turn all required paperwork, and payment into FYFL officials at a Youth sign-up location. Coach Sloan will pick up.

**COST:** \$50 (Cash is acceptable. Make Checks / Money Orders Payable to FHS Football)

**ESSENTIAL EQUPIMENT NEEDED:** Cleats & Lots of Energy!

#### **CAMP COORDINATOR CONTACT INFORMATION:**

Anfernee Sloan (HC) - Phone#: (775)-835-7608 / Email: Asloan@lyoncsd.org

# Fernley High School Youth Football Camp Liability Waiver Form

#### **Participant Information**

- Participant's Name:
- Parent/Guardian Name:
- Contact Number:

#### **Acknowledgment of Risk**

I, the undersigned, understand that participation in the Fernley High School Youth Football Camp (July 23<sup>rd</sup>, 24<sup>th</sup>, 25<sup>th</sup>) involves inherent risks, including but not limited to physical injury, and I assume all such risks associated with participation.

#### Release of Liability

In consideration of being allowed to participate in the Fernley High School Youth Football Camp, I hereby release and hold harmless Fernley High School, its officers, employees, agents, and volunteers from any and all liability, claims, demands, or causes of action arising out of or related to any injury, loss, or damage that may be sustained by my child during the camp.

#### **Medical Treatment Authorization**

In the event of an emergency, I authorize Fernley High School to arrange for medical treatment for my child. I will be responsible for any costs associated with such treatment.

#### Photo and Video Release

I consent to the use of any photographs or video recordings taken during the camp for promotional purposes by Fernley High School, and Their Football program.

#### Signature and Date

I have read, understood, and agreed to the terms of this liability waiver.

•	Parent/Guardian Signature:		-
•	Date:	_	
	Please ensure this form is completed and retu any questions, feel free to contact the school		f the camp. If you have
	Athletes Age Group (Team)	Athletes Sh	irt Size