

AAU Freshman Summer Football

Summer workout will give you a chance to learn the offense and defense plays along with learning the skills and techniques required in football. It is also a chance to show the coaches what you can do. This is a non-contact camp. You should plan to attend every workout. **If you are going to be out of town on vacation that is fine, but be sure to let your coaches know.**

Who should attend: Anyone who plans on playing freshman football for Enochs High School.

Where: Enochs High School Football Field

Times: 6:00pm to 8:00pm

Dates: Monday, Tuesday, Wednesday, Thursday
Week of June 3rd
Week of June 10th
Week of June 17th
Week of June 24th
Off week of July 4th

What to Bring: White T-Shirt, Black Shorts, Black Football cleats, water bottle.
Week of July 8th evenings 6-8 pm
Week of July 15th evenings 6-8 pm (get pads this week)
Week of July 22nd evenings 6-8 pm

How to sign up/cost:

1. Fill out information form provided by Coach Stacy and turn it back in.
2. You must also have personal insurance.
3. The cost is \$50.00 to participate. Check made out to "Screaming Eagles".

****Official Fall Practice starts on Monday, July 29th 4-7pm daily Monday through Friday until the start of school on Aug. 12th.**

*** Parent Information Night TBD**

*** Physical Day TBD at EHS**

Questions contact: James Stacy at 209-492-6565 (stacy.ja@monet.k12.ca.us)
Randy Rubio at 209-574-1735 (rubio.r@monet.k12.ca.us)

SCREAMING EAGLES FOOTBALL CLUB

AAU INDIVIDUAL SPORT FORM



AAU annual Cost –

\$50.00 for ALL Players

(includes AAU MEMBERSHIP Non-Refundable- \$20.00)

Cash, Check or money order made out to “SCREAMING EAGLES”

*If you have already joined AAU for another sport you only need to pay the “participation fee”.

PRINT NEATLY

2019-20 Grade in School _____

First Name _____ Last Name _____

Home # _____ Player's Cell # _____

Address (Street) _____

City _____ Zip _____ Player's Email _____

Height _____ Weight _____ Birthday _____ Shirt Size _____

Parent/Guardian Names _____

Parent's Email _____

Parent Work # _____ Parent Cell # _____

WAIVER, RELEASE, ASSUMPTION OF RISKS

I understand that my participation in AAU activities involves risks and dangers of serious and permanent bodily injury and death. I, or my parent or guardian if I am a minor, hereby release, hold harmless, discharge and agree not to sue AAU of US, Inc., its Club/Teams, Directors, Officers, Employees, Coaches, Officials, Volunteers, Agents, Sponsors, Advertisers, Owner/Leasers of Premises for all liability from my participation in these and any other AAU related travel, lodging, social/recreational activities.

Parent Signature: _____

Player Signature: _____

Payment Type: _____

Collected By: _____

Date: _____



MODESTO CITY SCHOOLS

426 Locust Street, Modesto, California 95351-2699

www.monet.k12.ca.us

RELEASE

(For Summer Use Only)

I, _____, the parent/ legal guardian of _____,
(name of student)

do hereby release both Modesto City Schools and Enochs High School
(name of school)

and their officers and employees from any and all liabilities, claims, and causes of action that may arise
as a result of injury to my child while participating in AAU Football
(name of activity)

on this/ these dates: March 1-August 1, 2019
(list date/ dates)

Signed _____ Date _____

Printed Name _____ Phone Number _____

Representation of Medical Coverage

(For Summer Use Only)

I, _____, the parent/ legal guardian of _____,
(name of student)

do hereby represent to Modesto City Schools and Enochs High School that my child listed above
(name of school)

is covered by medical insurance with _____, which would be used
(name of Insurance Company)

for the medical treatment and hospitalization of my child if an injury is sustained while participating in
AAU Football on this/ these dates: March 1- August 1, 2019
(name of activity) (list date/s)

Signed _____ Date _____

Printed Name _____ Phone Number _____