

2019 Summer Varsity/Sophomore Football Schedule

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.

To sign up:

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. Pay Coach Stacy, check made out to "Screaming Eagles".

Schedule:

Now through May 24: Weight room workouts 2:00-3:30 Monday through Friday

May 28-May 31: No Workouts. Finals Week.

June 3 thru June 27: Practice Monday through Thursday 6:00-8:00 pm (4 weeks)

June 7 on 7 games: TBA

July 1- July 4: No workouts

July 8-26: Workouts Monday through Thursday Weight room, evenings 6-8 pm. (2 weeks)

*At these workouts, we will be handing out gear.

Sports Packet Paperwork done by July 19th.

Monday, July 29: Official practice begins. Monday thru Friday 4:00-7:00pm

Other important Dates:

June 3-June 19 Fireworks ticket sales. Money turned in by June 21st.

Sports physicals: TBA

Sports parent night: TBA

Sports Packet Paperwork done by July 19th.

Gold Cards: -Kick off August 12th at the start of practice

-Blitz and BBQ August 24th 9:00 am – 3:00 pm (Sell until noon, then BBQ)

Questions contact: James Stacy at 492-6565 (stacy.ja@monet.k12.ca.us) or 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 _____