



# 2017 High School Summer Football



Summer Football will train players in a manner that allows them to compete at Valley Christian High School. The focus will be schemes, plays, techniques, strength and conditioning necessary to compete at the high school level.

**Dates & Times:**

Mon 6/12	Mon 6/19	Mon 6/26	Mon 7/24
Tues 6/13	Tues 6/20	Tues 6/27	Tues 7/25
Wed 6/14	Wed 6/21	Wed 6/28	Wed 7/26
Thurs 6/15	Thurs 6/22	Thurs 6/29	Thurs 7/27

Monday and Wednesday 3-6pm

Tuesday and Thursday 2-5pm

No Summer Football Friday, June 30 – Sunday, July 23

Regular Football Season begins Monday, July 31

**Location:** VCMS Fields/VCHS Weight Room

**Cost:** \$160

**Coaches:** Head Coach Woodie Grayson and Staff

**What To Bring:**

Refillable Water Bottle

Football Cleats

Tennis Shoes For Weightlifting

**Questions?**

Coach Garner – bgarner@vcschools.org

Coach Grayson – crusader.footballcoach@gmail.com

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*To register for high school football please submit this form and a check for \$160 (payable to VCHS) by June 12<sup>th</sup> to the VCHS Office.*

Student Name \_\_\_\_\_ Grade Entering \_\_\_\_\_

Parent Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell/Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR**

I/we, the undersigned parent(s) of \_\_\_\_\_, a minor, do hereby authorize Valley Christian High School coaches or school officials as agent(s) for the undersigned consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provision of Section 6910 of the Civil Code.

Date: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Name of Insurance Company \_\_\_\_\_

Any Medical Conditions/Medications \_\_\_\_\_ Insurance Policy or Group # \_\_\_\_\_

**High School Football**

**Office Use Only:** Check Number \_\_\_\_\_ Check Amount \_\_\_\_\_