

DGN FOOTBALL

FUTURE TROJAN YOUTH FOOTBALL CLINIC

(ALL 5TH-8TH GRADE FUTURE DGN PLAYERS)

THE DOWNERS GROVE NORTH FOOTBALL PROGRAM INVITES YOU TO JOIN US FOR A FREE YOUTH FOOTBALL CLINIC ON **SUNDAY APRIL 23RD, 2017** DEDICATED TO BUILDING CONNECTIONS WITH THE TROJAN PLAYERS OF THE FUTURE! THIS CLINIC WILL PROVIDE FUTURE DGN STUDENT/ATHLETES WITH AN OPPORTUNITY TO GET TO KNOW OUR PLAYERS, OUR COACHES, AND WHAT OUR PROGRAM IS ALL ABOUT. PLAYERS WILL GO THROUGH POSITION DRILLS, OFFENSE/DEFENSE CIRCUITS, AND PARTICIPATE IN TEAMBUILDING ACTIVITIES. ALL ATTENDEES WILL HAVE A GREAT TIME AND WILL RECEIVE A FREE DGN FOOTBALL T-SHIRT!

JOIN US BY DOING THE FOLLOWING:

1. COMPLETE THE REQUIRED REGISTRATION FORM ONLINE BY: MONDAY APRIL 17TH
 - a. REGISTRATION LINK: <https://goo.gl/Xd6wds>
2. DOWNLOAD, PRINT, COMPLETE, AND BRING THE REQUIRED WAIVER ON THE REGISTRATION LINK TO THE CLINIC. ONLY PLAYERS WITH COMPLETED WAIVERS WILL BE ABLE TO PARTICIPATE.
3. ON THE DAY OF THE CLINIC, CAMPERS SHOULD WEAR GYM SHOES, ATHLETIC CLOTHES, AND FOOTBALL CLEATS (NOT REQUIRED, CAN BRING THEM IF YOU HAVE THEM).
4. QUESTIONS? CONTACT COACH LICHTENBERG, VARSITY DEFENSIVE COORDINATOR, AT KLICHTENBERG@CSD99.ORG OR THE DGN ATHLETIC OFFICE AT 630-795-8417.

FOOTBALL CLINIC OVERVIEW

<u>WHO:</u>	ALL 5 TH THROUGH 8 TH GRADE STUDENT/ATHLETES <ul style="list-style-type: none">• STUDENTS MUST BE PART OF THE COMMUNITY DISTRICT 99 COMMUNITY
<u>WHAT:</u>	TEAMBUILDING AND SKILL DEVELOPMENT PROGRAM <ul style="list-style-type: none">• RUN BY DGN COACHES AND PLAYERS
<u>WHERE:</u>	LOCATED AT CARSTENS FIELD/FIELDHOUSE OF DGNHS <ul style="list-style-type: none">• 4436 MAIN STREET DOWNERS GROVE, IL 60515
<u>WHEN:</u>	THE CLINIC WILL TAKE PLACE ON SUNDAY APRIL 23 RD , 2017 <ul style="list-style-type: none">• 1:00 PM - 3:00 PM
<u>WHY:</u>	BECAUSE OUR PROGRAM IS ABOUT OUR PLAYERS AND WE WANT <u>YOU</u> TO BE A PART OF THE TROJAN FOOTBALL FAMILY!



**DOWNERS GROVE NORTH
TROJAN FOOTBALL 2017**
“YOU ARE THE FUTURE”



**COMMUNITY HIGH SCHOOL DISTRICT 99 - NORTH
DOWNERS GROVE, ILLINOIS
DISTRICT 99 PROGRAMS**

The following waiver is required for participation. If you have any questions regarding registration or specific camp information, please contact the Athletic Office at North H.S. (630-795-8417).

Family Last Name			
Address	City	Zip Code	
		Home Phone	
		Cell Phone	
Student's Name	Program Name	Camp	Fee
_____	<u>DGN Football</u>	<u>Future Trojan Youth Clinic</u>	<u>N/A</u>
_____	<u>DGN Football</u>	<u>Future Trojan Youth Clinic</u>	<u>N/A</u>
_____	<u>DGN Football</u>	<u>Future Trojan Youth Clinic</u>	<u>N/A</u>
_____	<u>DGN Football</u>	<u>Future Trojan Youth Clinic</u>	<u>N/A</u>
Total Fee Due			<u>N/A</u>

This "RELEASE AND HOLD HARMLESS" must be signed by a parent or guardian of participating children under 18 years of age. Without the proper signatures, your registration cannot be processed and will be returned to you.

RELEASE AND HOLD HARMLESS AGREEMENT

Please read this form carefully and be aware that, in signing up and participating in the above program, you will be waiving and releasing all claims for injuries, arising out of this program, that you or the above participant might sustain. The terms "I", "me", and "my" also refer to parents or guardians as well as the participants in the program. In registering for the program, you are agreeing as follows: As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, including death, damages or loss which I may sustain as a result of participating, in any manner, in any and all activities connected with or associated with such program. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous recreational activities and involve substantial risks of injury.

I agree to waive and relinquish any and all claims that I may have as a result of participating in the program against the Community High School District 99 any and all independent contractors, officers, agents, servants, and employees of the District, and any and all other persons, and entities, of whatever nature, that might be directly or indirectly liable for any injuries that I might sustain while participating in the program. (The parties described in the preceding sentence are referred to as "released parties" in the remainder of the Agreement.)

I do hereby fully release and discharge the Community High School District 99 and the other released parties from any and all claims for injuries, including death, damage or loss which I may have or which may accrue to me on account of my participation in the program.

I further agree to indemnify, hold harmless and defend the Community High School District 99, and any and all other released parties, from any and all claims resulting from injuries, including death, damages or losses sustained by anyone, and arising out of, connected with, or in any way associated with my conduct and the activities of the program.

I further understand and agree that the terms such as "participation," "program," and "activities," referred to in this Agreement, include all exercises and physical movements of any nature while I am participating in the program, and further include the provision of or failure to provide proper instructions or supervision, the use and adjustment of any and all machinery, equipment, and apparatus, and anything related to my use of the services, facilities or premises involved in the program.

I understand the nature of the program for which I am registering, and have read and fully understand this Waiver, RELEASE AND HOLD HARMLESS AGREEMENT. I further understand that any advisement or warnings of the particular risks of this program that I subsequently receive will be incorporated by reference into and become a part of this Agreement.

Signature of Parent or Guardian of Participant(s) under 18 years of age

Date Signed