

# GRIDIRON FOOTBALL CLINIC

## *TEAM FOOTBALL CLINIC*

**DATE** - AUGUST 16<sup>th</sup> – AUGUST

**TIME** – 4:00pm – 7:00pm

**LOCATION** – Pageant Field,  
MA.

19<sup>th</sup>

Quincy

*NORWELL CLIPPERS*

*ARCHBISHOP  
WILLIAMS BISHOPS*

*NORTH QUINCY RED  
RAIDERS*

*HANOVER INDIANS*

*PEMBROKE TITANS*

*QUINCY PRESIDENTS*



**COST** - \$100.00

### FEATURES

1. Non-contact clinic that offers athletes a chance to compete at a high level.
2. Athletes will receive quality instruction and skill development for all positions by head coaches and assistant coaches along the South Shore.
3. Organized and competitive 7 on 7 games as well as lineman competitions.
4. Athletes will be divided up between grade levels, experience and size based on coach's assessment.
5. First year football players will have the opportunity to gain core knowledge of the game and experienced athletes will have a chance to dust off the summer cobwebs.
6. After this clinic the athlete will have worked on conditioning, received and practiced individualized position instruction, competed with other local talent, and have had a great time!

### DETAILS

1. Drop off will be in the back of the school.
2. Athletes should bring shoulder pads, helmet, mouthpiece, extra tee shirt, shorts, cleats, sneakers and water.
3. Grades of the athletes are going into 9<sup>th</sup> to going into 12<sup>th</sup>.
4. Application page (2) should be fully completed and checks should be payable to Gridiron Football Clinic and given to your coach.
5. This clinic is accordance with the MIAA rulebook and Massachusetts Board of Health.
6. Athletic trainer will be on site at all times during the clinic.

7. First day, registration for all athletes will begin at 3:00pm at the high school.

## APPLICATION AND LIABILITY RELEASE AGREEMENT

(please print)

NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

GRADE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SCHOOL \_\_\_\_\_

### RELEASE AND INDEMNITY AGREEMENT

I sign this liability release agreement both individually and as parent/guardian with legal authority and responsibility for the minor child names on this form. I certify that the child is in good physical condition. In case of personal injury during, before or after participation in the program, I hereby consent to treatment for those children by a medical doctor or member of Gridiron Football Clinic. On behalf of myself, any minor children named on this form and our heirs, assigns, personal representatives and next of kin, (1) I acknowledge that participation in physical exercise under the direction of Gridiron Football Clinic in their various forms carries with it inherent risks, including but not limited to, the risk of personal injury, death, or property damage and I voluntarily assume those risks. I know that the risks also include but are not limited to unusual physical changes, including but not limited to: abnormal blood pressure: fainting: disorders in heartbeat: heart attack: and, in rare instances, death. (2) Gridiron Football Clinic, its officers agents, representatives, affiliated companies and/or employees, with respect to any and all liability, loss, damage, costs, claims, and/or causes of action, including but not limited to injury, disability, death, or loss or damage to person or property related in any way to participation in Gridiron Football Clinic by myself or any child listed on this form, whether arising from the negligence of Gridiron Football Camp, its officers, agents, representatives, affiliated companies and/or employees. (3) I further understand that the participation in physical exercise involves the risk of serious injury to all parts of the participants' body. (4) I further agree that this agreement will be governed by Massachusetts law. I further agree to defend, indemnify, and hold harmless Gridiron Football Clinic, its officers, agents, representatives, affiliated companies and/or employees from any and all liabilities incident to the program of physical exercise, even if arising from the negligence of Gridiron Football Clinic, its officers, agents, representatives, affiliated companies, and/or employees, to the fullest extent permitted by law.

**I/WE HAVE READ THE ABOVE RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP  
SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY,  
AND SIGN IT VOLUNTARILY.**

Participant's Name (Please print) \_\_\_\_\_ Date \_\_\_\_\_

Participant's Signature (if over 18 years of age) \_\_\_\_\_

Parent's/Guardian's Signature & Emergency Phone Name \_\_\_\_\_ Date \_\_\_\_\_

Parent's/Guardian's Signature (Printed) \_\_\_\_\_ Date \_\_\_\_\_



For further inquiries please feel free to email with concerns at [gridironfootball@gmail.com](mailto:gridironfootball@gmail.com)