

MEDICAL WAIVER

Release and Medical Authorization

The release and the medical authorization must be signed by a parent or guardian; In order for students to participate in camp activities.

Release of Liability

In consideration of the Broken Arrow Public Schools granting the student permission to participate in the camp, I hereby assume all risks of his/her personal injury that may result from camp activity. As parent/guardian, I do hereby release Broken Arrow Public Schools and all instructors and participants from all liabilities, including claims and suits at law or inequity, for injury which may result from the student taking part in the camp.

Parent/Guardian Signature

Date

Medical Authorization

I hereby authorize and give my consent to the health authorities at the school to perform or administer and reasonable, necessary medical treatment to:

Camper's Name

I agree to assume all costs to such treatment. I understand that I will be responsible to any medical or other charges in connection with student's attendance at this camp.

Insurance Company

Policy Number

DAILY SCHEDULE

8:30 – 8:45	Check-in/Get Ready
8:45 – 9:00	Stretch
9:00 – 12:00	Football Instruction

CHECK-IN

Check-in will be held between 8:00 – 8:45 a.m. on the first day of the camp session. Report to the stadium on the east side of the high school and prepare to work.

WHAT TO BRING

Campers should bring workout gear consisting of grass cleats and turf or tennis shoes, helmets, mouthpiece, shoulder pads, and practice jerseys. We will be utilizing the artificial turf of the Broken Arrow Stadium and the natural grass of the Broken Arrow practice fields. .



**Broken Arrow
Offensive & Defensive Line
Technique School**

BROKEN ARROW OFFENSIVE & DEFENSIVE LINE TECHNIQUE SCHOOL



**June 30 – July 2
Varsity**

**June 30 – July 2
7th, 8th & 9th**

**Tuesday – Thursday
Broken Arrow High School**

ABOUT THE CAMP

This camp is highly motivated toward the specific skills of both Offensive and Defensive Line. Instructional technique for run, pass and tackling will enhance each camper's skill level next fall. There will be a high emphasis on basic fundamentals and technique. This is a working camp. Participants must come to camp in shape and willing to work hard.

INSTRUCTORS

Each position will be taught and supervised by some of the best coaches in Oklahoma. They have consistently produced many college and all state athletes.

Camp Supervisors:

Craig Simmons OL Coach Broken Arrow H.S.
Neil Phillips OL Coach Broken Arrow H.S.
Brad Farrow DL Coach Broken Arrow H.S.
Danny Phillips DL Coach Broken Arrow H.S.

LOCATION

The Broken Arrow OL & DL School will be held at Broken Arrow High School, 1901 E. Albany in Broken Arrow, Oklahoma. The school is located on 61st Street (Albany) and County Line Road in Broken Arrow. The camp will begin each day on the grass practice fields south of the football stadium. Each participant is responsible for his own transportation to and from the school.

COST OF CAMP

The cost of this camp is \$75 per student athlete. A \$25 non-refundable deposit is required to secure your enrollment in the school and the balance due at camp registration. Mailing registration as soon as possible is recommended.

Make all check payable to:
Ron Lancaster Sports Enterprises

REGISTRATION

Complete the attached registration information which includes both the Camp Form and Medical Waiver Form and mail as soon as possible to:

Broken Arrow OL & DL School
8313 E. 108th St.
Tulsa, OK 74133

For any questions, contact:
Ron Lancaster
918-810-3442
918-369-1094
or
Broken Arrow Athletic Department
918-259-4520

ELIGIBILITY

The OL and DL camp will be open to all athletes entering the 7-12 grades.

CAMP FORM

Please Print

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Parent's Name: _____

Phone (Home) _____

Phone (Work) _____

Personal Information

Ht: _____ Wt: _____

Age: _____ Grade Next Fall: _____

School: _____

T-Shirt Size: M _____ L _____ XL _____

I hereby authorize the camp to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive & release Broken Arrow Public Schools.

Parent / Guardian: _____

Print

Signature: _____

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Ron Lancaster Sports Enterprises

