

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 the 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 the 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 be prepared to work.

WHAT TO BRING

Campers should bring workout gear consisting of grass cleats and turf or tennis shoes. We will be utilizing the artificial turf of the Broken Arrow Stadium and the natural grass of the Broken Arrow practice fields. In case of bad weather, players will be directed to a different location or the practice will be made up on another day.



**Broken Arrow Football
QB – TE – WR – RB
Technique School**

BROKEN ARROW FOOTBALL QB – TE – WR - RB TECHNIQUE SCHOOL



**June 16–18, 2009
Varsity**

**June 23-25, 2009
8th & 9th Grade**

**Tuesday – Thursday
Broken Arrow High School**

ABOUT THE CAMP

This camp is highly motivated toward the specific skills and development for Quarterbacks, Tight Ends, Wide Receivers and Running Backs. Instructional technique will enhance and show how to develop the necessary skills to play these positions next fall. There will be a high emphasis on pass coverage technique through competition sessions with the Linebacker and Defensive Back School. 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. Their teams have consistently been ranked among the best offenses in Oklahoma and have produced many college and all-state athletes. Instructors include:

RON LANCASTER – CAMP DIRECTOR

- *Member of the California Football Hall of Fame
- *Over 300 career victories
- *National Coach of the Year
- *6 State Championships
- *Rancho Cordova, Enid, Jenks, Sallisaw & Muskogee

LOCATION

The Broken Arrow QB-TE-WR-RB 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 QB-TE-WR-RB 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

This camp will be open to all athletes entering the 8-12 grades. Seventh grade participants must have permission by the camp director prior to the school.

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: _____

***Make all check payable to:
Ron Lancaster Sports Enterprises***

