

# ARIZONA HIGH SCHOOL COACHES' CAMP 2015

Sunday July 5<sup>th</sup> – Friday July 10<sup>th</sup>

This camp is designed to provide Individual and Team Instruction.  
Passing – Catching – Defense – Tackling – Blocking – Kicking

Personal Needs: sleeping bag,  
cot or blow-up mattress, workout  
clothes, personal hygiene items,  
personal towels, casual wear for  
cafeteria, cleats and running shoes

Includes: - transportation  
- 3 meals a day  
- lodging  
- team building activities  
- 3 workouts a day  
- team goal setting and  
motivation

**Location: Show Low High School**  
**500 W. Old Linden Rd.**  
**Show Low, AZ 85901**

**Deposit: \$60 (non-refundable)**  
**Total Cost: \$260 (cash only after June 24<sup>th</sup>)**

**Turn money and camp waiver into  
Coach Jones or mail to:**  
**Perry H.S. c/o Coach Jones**  
**1919 E. Queen Creek Rd.**  
**Gilbert, AZ 85296**  
**Any Questions Call: 602-770-1547**

**Check in: Sunday 11:00 – 11:45 am @ Perry H.S. Weight Room**  
**Return: 1:00 pm to Perry H.S. Field House**

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### Arizona High School Coaches' Camp

\*\*\***(Make checks payable to AZ High School Coaches' Camp)**\*\*\*

\*\*\* **Please do not mail checks to the school after June 11<sup>th</sup>** \*\*\*

**Deposit: \$60 (non-refundable)      Total Cost: \$260 (cash only after June 24th)**

**Name: \_\_\_\_\_ Parent Names: \_\_\_\_\_**

**Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_**

**Phone#: Hm \_\_\_\_\_ Cell \_\_\_\_\_**

Be it known that I, the undersigned parent of the student named above, do hereby give and grant unto the camp supervision my consent and authorization to render such aid, treatment or care to said student as, in the judgment of said physician, may be required, on an emergency basis, in the event said student be injured or stricken ill. It is hereby understood that the consent and authorization hereby given and granted are continuous, and are intended by me to extend through the camp dates.

On emergency basis and at the trainer's discretion, may take aspirin. Yes \_\_\_\_\_ No \_\_\_\_\_  
Or a non-aspirin product such as Tylenol or Acetaminophen. Yes \_\_\_\_\_ No \_\_\_\_\_

**Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_**