

# CLOVIS WEST LIL' GRIDIRON FOOTBALL

LIL' GRIDIRON FOOTBALL IS A FOOTBALL CAMP FOLLOWING LIL' HOOPSTERS DESIGN. TEACHING YOUNG ATHLETES FOOTBALL FUNDAMENTALS WHILE LEARNING HOW TO COMPETE WITH SPORTSMANSHIP. PLAYERS WILL HAVE THE ABILITY TO PLAY ALL POSITIONS AND BE COACHED BY CLOVIS WEST COACHES AND PLAYERS. THE LIL' GRIDIRON FOOTBALL CAMP WILL CONSIST OF 20 MINUTES OF SKILLS TRAINING AND 40 MINUTES OF 7 vs 7 GAME TIME!!

**WHO:** GRADES K-5  
**WHERE:** CLOVIS WEST Frosh Field (Teague Ave)

**WHEN:** EVERY SUNDAY, FOR FIVE  
SUNDAYS, FROM MARCH 12<sup>TH</sup>-  
APRIL 9<sup>TH</sup>

Please arrive 15 minutes before start.  
GRADES K-1ST START AT 1 PM  
GRADES 2-3 START AT 2 PM  
GRADES 4-5 START AT 3 PM

**COST:** Sign up on or before Feb. 17<sup>th</sup>  
Pinedale Elementary Special - \$10

**BRING:** Shoes/Cleats, Athletic clothes and water

## 2 WAYS TO SIGN UP:

- 1 Sign up tables after school at all CW Elementary Feeder Schools on January 23<sup>rd</sup>, 24<sup>th</sup>, 27<sup>th</sup>, 30<sup>th</sup> & 31<sup>st</sup> from 3:15-3:45 pm. **Checks made payable to: Clovis Unified School District**
- 2 Sign-ups can be done directly at Clovis West HS in Administration Office. **Checks made payable to: Clovis Unified School District.**



# LIL' GRIDIRON FOOTBALL CAMP

REGISTRATION FORM IS DUE FEB. 17<sup>TH</sup>

Athletes Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_ Phone \_\_\_\_\_

Parent(s) Cell #'s \_\_\_\_\_

Parent(s) Email \_\_\_\_\_

School Attending \_\_\_\_\_ Grade \_\_\_\_\_

**Circle Shirt size of player:** Youth S Youth M Youth L Youth XL Adult S Adult M

Waiver - Please Sign

With my signature below, I hereby waive any claims against the Clovis Unified School District, its agents or employees for any injuries, which might be sustained in connection with this program. I understand that there is no medical coverage provided with this program. I assume all responsibility for any medical coverage provide by this program. I will assume all responsibility for any medical payment that I/or my child may incur if I/or my child are injured during the course of play.

Furthermore, I agree to abide by all rules and regulations set forth in this program and will conduct myself in a sportsmanlike manner. In accordance with CIF bylaw 207, any athlete who transfers from School "A" to School "B" after having prior contact with a HS Coach, During the previous 24 months, either directly or indirectly with school "B" prior to enrollment shall not be eligible at School "B" for 365 days from initial date of enrollment. This includes this camp, clinic, AAU, club, team, and/or workouts.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date