



## MCINTOSH YOUTH FOOTBALL CLINIC 2019

DATE = THURSDAY JUNE 6, 2019

TIME = 6:00 PM – 9:00 PM

PLACE = MCINTOSH HIGH SCHOOL

COST = **FREE OF CHARGE**

GRADE LEVEL = K-8

PLEASE BRING = SHORTS, SHIRT, CLEATS, TENNIS SHOES (in case of rain), WATER BOTTLE

REGISTER AT:

<https://www.fcboe.org/fcs>

FAYETTE CO COMMUNITY SCHOOL

205 LAFAYETTE AVENUE

FAYETTEVILLE, GA 30214

770 – 460 – 3990 X 470

DEADLINE = JUNE 6, 2019



# MCINTOSH YOUTH FOOTBALL CLINIC 2019

## MCINTOSH YOUTH FOOTBALL CLINIC

McIntosh High School will be hosting its annual youth football clinic on June 6<sup>th</sup>, 2019, for any young man grades K-8. The clinic is FREE of charge. The clinic will concentrate on the basic fundamentals of the game. Position specific fundamentals include quarterback, receiver, running back, offensive line, defensive line, linebackers, defensive back, kicking, punting, and long snapping. There will be absolutely NO contact during the clinic. The clinic will be under the direction of McIntosh Head Football Coach, Lee Belknap. Coach Belknap will be joined by members of his McIntosh staff, Booth middle school staff and high school players as camp instructors. The clinic is designed to teach the fundamental skills needed to be successful in football and life. We will focus on winning the day both on and off the field which is something we have challenged our athletes to do 24/7/365.



*WIN THE DAY 24/7/365*

## FAYETTE CO COMMUNITY SCHOOL WAIVER FORM 2019

CHILD'S NAME \_\_\_\_\_  
 PHONE NUMBER \_\_\_\_\_  
 NAME OF Clinic = MCINTOSH YOUTH FOOTBALL clinic  
 DATE OF Clinic = JUNE 6, 2019

The undersigned parent or guardian acknowledges that participation is voluntary and agrees to waive and release any and all rights and claims for damages against the Fayette County Board of Education and all employees and members of the same, for any injuries or damages. By signing the release, the parent/guardian consents to such participation and also verifies that adequate medical insurance is in effect during this period. In the event of an emergency, and I cannot be reached, I give the Community school authorities permission to seek immediate medical attention for my child.

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2019

PARENT SIGNATURE \_\_\_\_\_

## FOOTBALL CLINIC APPLICATION

NAME \_\_\_\_\_  
 AGE \_\_\_\_\_ GRADE FOR 2019-2020 SY \_\_\_\_\_

ADDRESS \_\_\_\_\_  
 \_\_\_\_\_

SCHOOL \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

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

EMAIL \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_

POLICY NUMBER \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_  
 \_\_\_\_\_