



FALCON FOOTBALL

2011 Pre-Season Conditioning Program

Incoming 9th Grades

Dates: Monday, June 20th – Friday, July 22rd
Days: Monday/Wednesday/Friday
Times: 10:15am – 12:00pm
Contact Coach Meyer (858) 621 – 9020 x4373

Location: SRHS Falcon Field
Registration Fees (includes t-shirt)
\$175 before June 10th (\$200.00 after June 10th)

All participants MUST be members of AAU

Sign up at www.aausports.org and click on the new athlete registration link. You will need to register under our club name: Scripps Falcon Football. Our Club Code is PSWL59BKA0. You will need to fill out all your information and use a credit card and pay the fee of only \$14. You can put either weightlifting or flag football as the sport they are participating in. You will then need to print off 2 copies of the receipt. You should sign both and have one for your records and please give one to Coach Meyer with the registration.

----- (detach here) -----

_____	_____
Last Name	First Name

Address	
_____	_____
City	Phone
_____	_____
Grade/Middle School	T-Shirt Size

Emergency Contact & Phone Number	

Checks payable and mail to:
SR Football
c/o Coach Meyer
10410 Trenea Street
San Diego, CA 92131

The California Education Code requires that every student have at least \$1500 medical/hospital expense insurance in order to participate in interscholastic athletics (Education Code Sections 32220-32224). My medical insurance covers the above named student for at least \$ 1500 and is issued by:

Name of Medical Insurance Company

Policy/Certificate Number (required)

I further assure that the insurance policy or policies I have will cover and remain current and in force during the time the above student performs any function within the scope of education code 32220-32224 during the current school year. I also assure that I will notify the school should my insurance coverage change during the program. I also agree to indemnify and hold the San Diego Unified School District harmless against responsibility for insurance coverage required under the aforementioned legal sections. By signing this statement, I agree to accept responsibility for all medical costs for injuries sustained by the above named student while participating in Falcon Football Youth Program or the school athletic program.

I declare under penalty of perjury that the above is true and correct:

_____	_____	_____
Parent/Guardian Signature	Printed Parent/Guardian Name	Date