



2018 High School Summer Football

Summer Football will train players in a manner that allows them to compete at Valley Christian High School. The focus will be schemes, plays, techniques, strength and conditioning necessary to compete at the high school level.

Dates & Time (3:30-6:00pm):

Mon 6/4	Mon 6/11	Mon 6/18	Mon 7/16
Tues 6/5	Tues 6/12	Tues 6/19	Tues 7/17
Wed 6/6	Wed 6/13	Wed 6/20	Wed 7/18
Thurs 6/7	Thurs 6/14	Thurs 6/21	Thurs 7/19

No Summer Football Friday, June 22 – Sunday, July 15. Returning Monday 7/16 for 4th week of Summer Football.

Regular Football Season begins Monday, July 23.

Location: VCHS Fields/VCHS Weight Room

Cost: \$160

Coaches: Head Coach Stephen Kelley and Staff

What To Bring:

- Refillable Water Bottle
- Football Cleats
- Tennis Shoes For Weightlifting

Questions?

Coach Kelley – skelley23@gmail.com
 Coach Garner – bgarner@vcschools.org

To register for high school football please submit this form and a check for \$160 (payable to VCHS) by May 25th to the VCHS Office.

Student Name _____ Grade Entering _____
 Parent Name _____ Home Phone _____
 Cell/Work Phone _____ Email Address _____

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

I/we, the undersigned parent(s) of _____, a minor, do hereby authorize Valley Christian High School coaches or school officials as agent(s) for the undersigned consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provision of Section 6910 of the Civil Code.

Date: _____

Parent/Guardian Signature _____ Name of Insurance Company _____

Any Medical Conditions/Medications _____ Insurance Policy or Group # _____