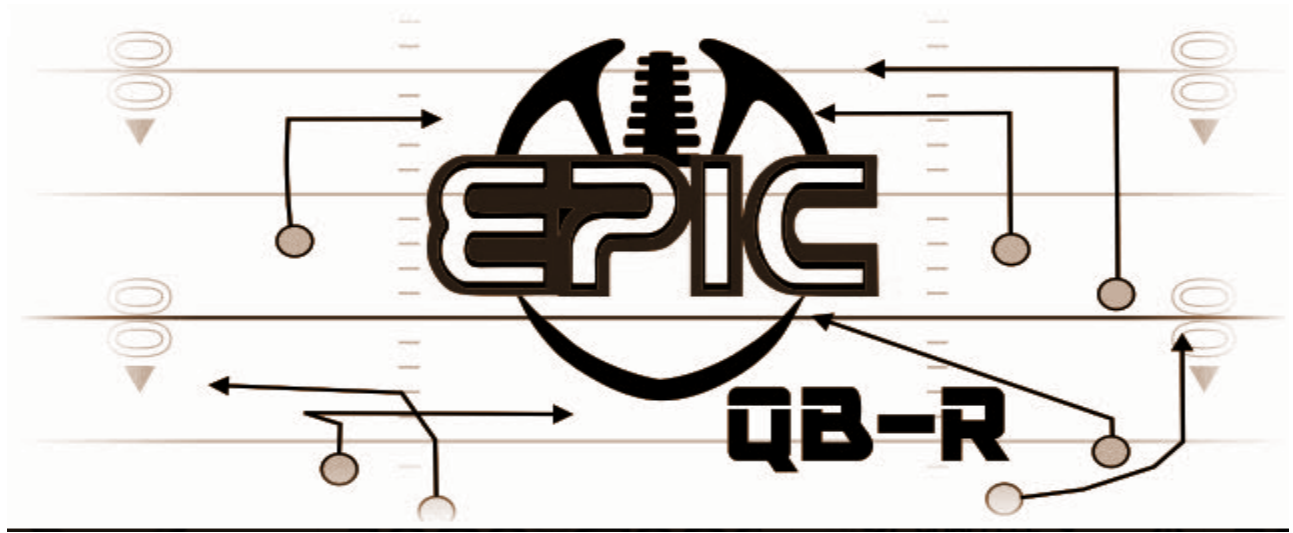




HEAD COACH FORM
"IN IT TO WIN IT"

What is needed for this team camp: Some football equipment including helmet, shoulder pads, mouthpiece, cleats, t-shirts and shorts. Coaches please bring footballs and medical equipment. GRADE LEVEL IS 7TH THROUGH 12TH

The **EPIC FOOTBALL CAMP Football Schedule** will be handed out just prior to the camp listing the activities for the session as coordinated by the advising coaches.

EPIC FOOTBALL CAMP will lease facilities as required by the hosting school district. This camp is a one day commercial Quarterback and Wide Receivers camp through Head Coach Jeremy Epp and Scott Trimble. Please Contact Jeremy Epp at 308-520-0259 or Scott Trimble at 308-764-9994 for more information on this commercial camp or by email epicfootballcamps@gmail.com.

Warning: The purpose of the warning is to bring to your attention the existence of potential dangers associated with athletic participation. Participation in any athletic activity may range from minor cuts, bruises, sprains, and muscle strains to more serious to the body bones, joints, ligaments, tendons, and muscles, to catastrophic injuries to the head, neck and spinal cord. On rare occasions, injuries can be so severe as to result in total disability, paralysis or death.

Head Coach Pre-Registration Form

EMAIL TO: EPICFOOTBALLCAMPS@GMAIL.COM **WEB:** WWW.EPICFOOTBALLCAMPS.COM

Head Coach Name: _____ School: _____

Cell Phone: _____ Email: _____

Quarterbacks: _____ Wide Receivers: _____ Lineman: _____ GRADE LEVELS: 7TH THROUGH 12TH

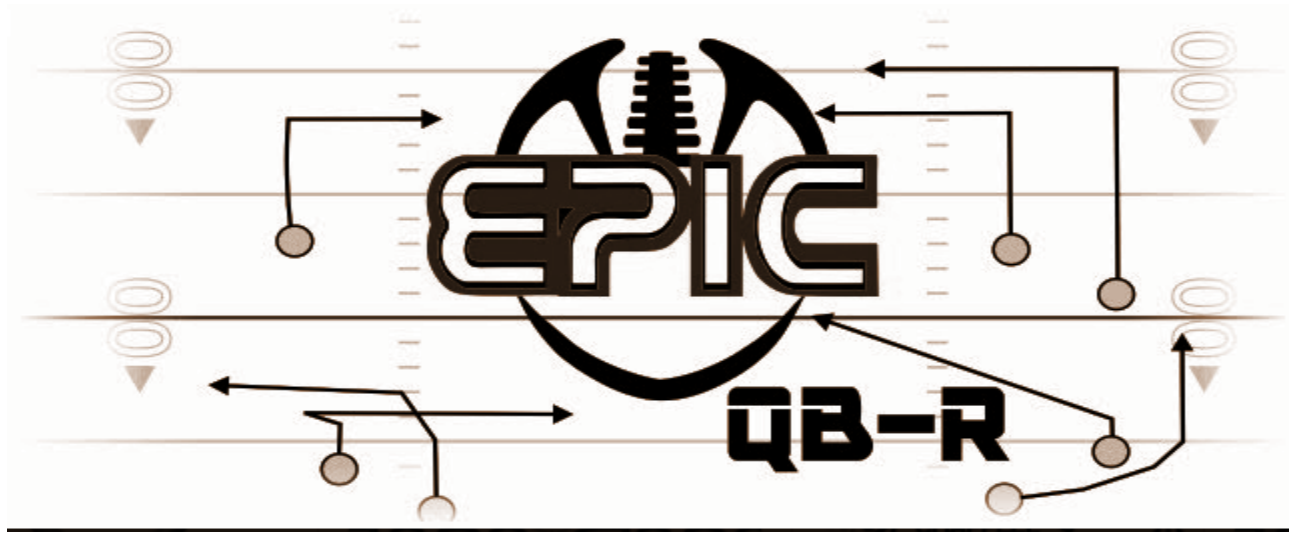
Circle Camp(s): QBR KEARNEY NE , OLINE-DLINE KEARNEY NE June 17

Approximate number of student athletes attending camp(s) _____

Number of Coaches Attending: _____ (limit 2 per school)

Instructions:

1. Have Student Athletes Complete both policies dealing with waivers and registration
2. Make checks payable to EPIC FOOTBALL CAMP in the amount of \$70.00 per player. No Discounts Apply
3. **Return information above by email or mail** to Epic Football Camps
4. **Deadline: Please have registrations and money POSTMARKED BY MAY 25 for JUNE camps. (all money and student waivers should be sent to Jeremy Epp)**
5. **Address: Epic Football Camps: Jeremy Epp, PO BOX 617 ALMA NE 68920**
6. Example of medical release and waiver is found below (all athletes must complete and sign before participating) **We do allow seventh grade through twelve grade student athletes.**
7. Please make copies of Registration to hand out to all participants.
8. Please email if you have questions.
9. Registration covers all necessary insurance, the noon meal, t-shirt, training staff and referees!
10. This ACADEMY is multiple stages of Quarterback and Wide Receiver development in one day. This camp provides top notch quarterbacks and wide receivers that have coached and played at the D-II level and above. The format for the day is placed in stages that develop your student athlete to have a better understanding of QB and WR play.
11. This is an individual commercial camp with drills, development, stations and evaluation. The format is broken into levels for the OFFENSIVE LINE and DLINE PLAY.
12. DATE: Listed above.
13. CHECK-IN is at 12:30 PM for the QBR and OLINE camp at KEARNEY CATHOLIC High School
14. Camp will be from 1:00 PM to 5:00 PM for the QBR and OLINE and DLINE
15. Information is emailed to the head coach not to players.
16. Coaches please bring Football Helmets and Shoulder Pads, footballs and medical equipment.
17. Remind players to choose the proper shirt size.
18. **ANY REGISTRATIONS not received 10 DAYS before the camp dates are considered late and registration per camper is NOW \$80 dollars per player. Registrations the day of the camp are difficult with catering, t-shirts, insurance, teams and competitions, etc. Please respond quickly and get registration in the mail and on time.**
19. **LIMITS—DUE TO THE AMOUNT OF REPS AND COACHES. There will be a limit on the first 100 REGISTRATIONS FOR THIS CAMP. THANKS !**



Student Athlete Form "IN IT TO WIN IT"

Please **pre-register** your QUARTERBACK WIDE RECEIVERS or LINEMAN through your high school head football coach. Return this form promptly to your head coach and staple a check to this form for \$70 to EPIC FOOTBALL CAMPS.

What you will need for this team camp: All football equipment including helmet, shoulder pads, mouthpiece, cleats, t-shirts and shorts.

The **EPIC FOOTBALL CAMP Football Schedule** will be emailed to your coach for June coordinated by the advising coaches. Multiple facilities will be rented and be hosting the **EPIC FOOTBALL CAMPS**. This camp is a one day individual commercial camp through Head Coach Jeremy Epp and Scott Trimble. Please Contact us at 308-520-0259 or 308-764-9994 for more information on this commercial camp or by email: epicfootballcamps@gmail.com.

Warning: The purpose of the warning is to bring to your attention the existence of potential dangers associated with athletic participation. Participation in any athletic activity may range from minor cuts, bruises, sprains, and muscle strains to more serious to the body bones, joints, ligaments, tendons, and muscles, to catastrophic injuries to the head, neck and spinal cord. On rare occasions, injuries can be so severe as to result in total disability, paralysis or death.

Visit www.epicfootballcamps.com for more information and to find us on FaceBook and Twitter!

Please retain this copy for your records.

**Student Athlete Pre-Registration Form
EPIC INDIVIDUAL CAMPS**



Name: _____ Grade: _____

Address: _____ School: _____

City: _____ Phone: _____

Check one of the following: QUARTERBACK: _____ WIDE RECEIVER: _____ LINEMAN: _____

Circle T-shirt size: SM MED LG XL 2XL 3XL

Circle Camp(s): KEARNEY, NEBRASKA TUESDAY, JUNE 17
CHECK-IN 12:30 PM, CAMP 1:00-5:00 PM

Instructions:

1. Student Athletes must complete policies below dealing with waivers, medical, and registration
2. Make checks payable to **EPIC FOOTBALL CAMP** in the amount of \$70.00 per player and give to your head coach.
3. Return information signed and ready for your high school football coach.
4. Deadline: Please give forms to your head coach by MAY 25TH.
5. Please **SIGN BELOW BOTH PARENT AND PLAYER**, have BOTH parents sign when possible.

MEDICAL RELEASE AND WAIVER

_____ and his/her parents or guardians hereby release the Local High School System and Epic Football Camps from all claims which may result from injuries , serious illness, infectious disease occurring while the above stated is participating in the Football Camps. I hereby certify that _____ is physically fit to participate in the full contact football. I know of no physical impairments which would in any manner limit his participation in such a program and my child has been given and passed a sports physical as required by the NSAA within the past 12 months.

ADDITIONAL MEDICAL RELEASE

We, the undersigned parents and guardians of _____ a minor, do hereby authorize the directors and coaches of the Epic Football Camps to select hospital facilities and, or a physician and authorize treatment of the above player on an emergency basis in the event such treatment becomes necessary as a result of the participation in the Camp. We hereby grant permission for him to participate and acknowledge the fact that he is physically able to participate in these Camp activities.

Parent/Guardian Signature _____

Athlete's Signature _____

Please complete the medical release and waiver information completely before handing it to your head coach.