Summer Conditioning Camp Opportunity 2025

Entering 5th – 8th grade

I am going to run a conditioning program again this summer for any youth football player that is interested. My name is Louis Brown and I am a teacher and head football coach at the High School. I teach weight training and conditioning and have a great knowledge of what it takes to condition your body to prepare for a football season. I have decided that three times a week for 1 hour throughout the summer I would provide an opportunity for these young players to get ready for the season. We will focus on strength, endurance, speed, flexibility and agility. There is NO cost. We will not be using the weight room. This will be done outside. We will always meet by the entrance of the stadium at Franklin High School.

What does your son need to participate?

1. Workout clothes
2. Water
3. Signed waiver

I am excited with the opportunity to work with your son this summer to help make the first week of football go a lot smoother. I have heard stories about how hard it is and want to not only give your son a head start physically but also give the program a head start on the season.

Dates and times: **All times are 8:00 AM - 9:00 AM**

MONDAY	WEDNESDAY	FRIDAY
	June 11	June 13
June 16	June 18	June 20
June 23	June 25	June 27
June 30	July 2	
July 7	July 9	July 11
July 14	July 16	July 18

You must fill out the Waiver on the back and the concussion form and return 1st day you come to camp

Liability Agreement

Athletic Camp Waiver

Required Waiver of

In consideration of being able to participate in a camp for athletics at Franklin High School, the undersigned parent/guardian, my personal representatives, heirs, and next of kin, agree to release and hold harmless the Franklin Public School District, its representatives, agents, and employees from all liability for any claims, including negligence, resulting from participation in such camp.

As the parent or legal guardian of the participant listed below, I authorize my son or daughter to participate in the Athletic Camp listed below. Any illness or injuries resulting from participation in the Camp are my responsibility. Participation in the Camp is voluntary. The undersigned recognizes there are inherent dangers associated with any athletic camp. The undersigned participant may be exposed to such dangers and hereby assumes full responsibility for any risk of bodily injury, death, or property damage arising out of or related to the event. The undersigned also hereby certifies that the participant named below is in good health and has no physical impairment, injury, or illness that will make participation by the undersigned dangerous to himself/herself or others. I, as parent or guardian of participant, hereby waive my right to bargain over the terms of this waiver of liability.

In the event of illness or injury, I authorize representatives of the Franklin Public Schools to obtain medical treatment for the participant listed below. I further acknowledge that I will be responsible for any and all medical and related bills that may be incurred on behalf of the participant for any illness or injury that the participant may sustain related to, or during the Camp.

The undersigned, parent or guardian, has read this release and waiver of liability, assumption of risk agreement and fully understands its terms, and has signed it freely and voluntarily without any inducement, assurance or guarantee being made to him/her and intends his/her signature to be complete and unconditional release of all liability to the greatest extent of the law and further agrees that no oral representations, statements or inducements apart from the forgoing written agreement have been made.

Name of Camp _____ _____

Participant_____ Birthday _____

Address_____

City_____ State_____Zip_____

1. Emergency Contact _____ Phone _____

2.Emergency Contact _____ Phone _____

Medications _____Allergies _____

School Attending in the Fall _____ Grade Fall 2024_____
_____

Signature of Participant _____

Parent/Guardian Name (print) _____

Signature of Parent/Guardian_____

Date _____

Student/Athlete and Parent/Guardian

Concussion Management Plan Agreement

(Signatures required prior to participation)

In accordance with **Wisconsin's Sidelined for Safety Act 172,** we the undersigned, student/athlete and parent/guardian, have read the Franklin Public Schools Concussion Management Plan and have been informed of the signs, symptoms, and risks of a sport-related concussion.

The student/athlete and parent/guardian agree to accept responsibility for reporting any signs and symptoms of a concussion to the coaching/athletic training staff, or other health care personnel.

The student/athlete and parent/guardian, acknowledge, understand, and agree to abide by the fact that students are prohibited from any participation until this form is completed and returned to the appropriate school personnel.

By signing below we, student/athlete and parent/guardian, acknowledge and understand our responsibility to abide by and consent to all Franklin School District concussion protocols.

_____

Printed name of student/athlete *Signature* *date*

_____

Printed name of parent/guardian *Signature* *date*

****The Concussion Management Plan can be found at www.franklin.k12.wi.us** *(Click on: Schools, Franklin High School, Athletic & Activities Information and then Concussion Management Plan)*