

KENTLAKE FALCON FOOTBALL

2017 Gridiron of Champions Team Camp

JUNE 23-26

Evergreen State College, Olympia, WA

Parents and guardians need to provide transportation. We will all leave together from the parking lot AFTER school on Friday, June 23rd at 2:30pm. Parents are encouraged to attend the final scrimmages on Monday, June 26th. Students must make arrangements with their teachers to take finals prior to leaving for Team Camp as they will miss Monday of school--periods 2, 4 & 6. If students cannot miss school parents need to pick their child up Sunday night, June 25th to take them home in time for school on Monday. **Players need a minimum of seven Spring practices**--three in helmets, four in full gear--prior to being eligible to compete against other teams at camp.

Camp Cost: \$295 due June 9th

Pay on-line via kentlakefootball.com or via check payable to "Kentlake Football Booster Club"

ALL Registration Forms needed by June 9th after practice

- Gridiron of Champions 2017 Team Camp Registration
- Field Trip Permission Form
- Student Private Transportation Form
- Volunteer Driver Screening – Affidavit of Insurance (if applicable)

***WE WILL PRINT A COPY OF ALL PHYSICAL FORMS FROM FAMILY ID BUT PHYSICALS NEED TO BE LESS THAN 2 YEARS OLD TO THE DATE. Any physical obtained prior to June 27th, 2015 will not be accepted.**

We DO NOT want students driving themselves to the camp. Please make arrangements to transport your own child or have your child ride with another parent/guardian to the camp. Either way, EVERY student needs to fill out the Student Private Transportation Form. If you are driving students other than your own please fill out the Volunteer Driver Screening form.

If you have any questions email Coach Thompson at Brett.Thompson@kent.k12.wa.us or call at 253-373-4689



2017 Gridiron of Champions Team Summer Camp Details

Dates: **SESSION 1:** June 23rd– 26th **SESSION 2:** June 28th – July 1st **SESSION 3:** July 5th – 8th

Steve Gervais is a native of the State of Washington and has been coaching high school football for over 30 years. As a head coach, he won 15 league championships and six state titles. Steve was an assistant coach at the University of Washington and also an Athletic Director at Bishop Blanchet High School. Over the years of competing, a common denominator for his teams was the attendance at a summer team camp. While at camp, player's skills improved, team unity was strengthened and an attitude and belief developed that anything was achievable. It is for this reason Steve created the "Gridiron of Champions" Team Football Camp. His goal is to enable both the coaches and individual athletes develop the team skills and mental edge to compete for a Championship season.

THE BASICS:

Gridiron of Champions is a full contact camp for high school football programs. Steve Gervais Academy will be hosting the 2017 camp at the Evergreen State College in Olympia. This year there will be three respective sessions, each lasting four days and three nights. Most schools stay overnight in campus housing, but we do allow for some commuter schools. Campers and staff will eat at the Greenery, Evergreen's dining hall (Daily meals are included in the cost of the camp).

ON THE FIELD:

Throughout the camp, individual instruction will be provided by the athlete's high school coaching staff. This allows the coaches from each high school to maximize the time spent with their team members---teaching fundamentals and skills that best suit their own athletes. Following individual instruction, each team will be involved in a team session. During this time, teams will have an opportunity to compete against one another. The Gridiron Camp staff will be on hand to help coaches and athletes in any way possible.



AFTER PRACTICE:

Certified athletic trainers will be on site for all practices and will be available to assist athletes 24 hours per day. Evening activities include: 7 on 7 competitions, weight lifting, swimming, lineman challenges and team building activities.

LOGISTICS:

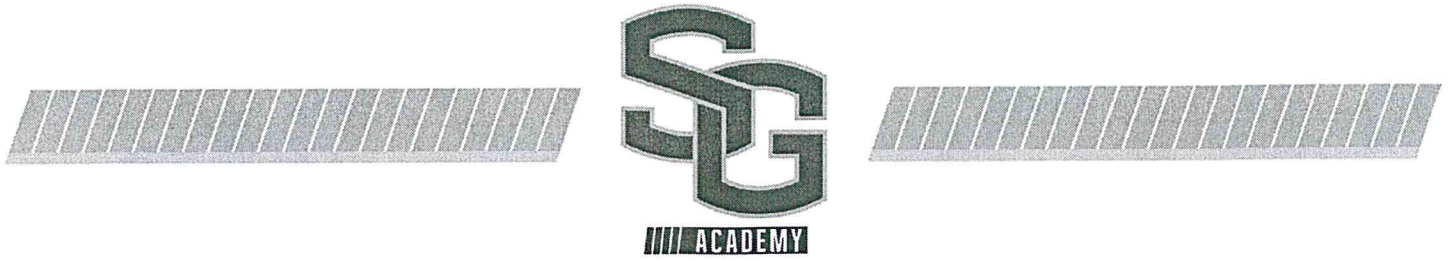
Resident campers will not be permitted to leave camp at any time except by permission of the Camp Director and their Head Coach. Automobiles left on campus will be charged a parking fee of \$2.00 per day. The final day of camp will conclude with teams scrimmaging one another. Family members and friends are invited to attend the last day of camp to support teams during scrimmages. At the conclusion of the final day of camp, athletes and coaches will return to pack, clean and check out of their dorm. A staffer must approve your room and sign off your return of keys. A staffer must approve your room (damage assessment) and confirm that all keys are turned in.

PHYSICALS & INSURANCE:

All camp participants are required to provide a non-returnable physical fitness statement from their physician. Athletes will also be required to provide emergency information along with verification of medical insurance prior to participation. **Athletes will NOT be permitted to participate without all forms filled out completely and turned in.**

DAILY SCHEDULE:

MORNING SCHEDULE	AFTERNOON & EVENING SCHEDULE
7:00 AM Breakfast	2:15 PM Team Stretch
8:00 AM Coaches meeting	3:20 PM Break
9:00 AM Camp meeting	3:30 PM Team Period
9:15 AM Team Stretch	4:45 PM Dinner
10:15 AM Break	6:30 PM 7 on 7 / Linemen Challenge
10:30 AM Team Period	10:30 PM In Rooms (lights out at 11 PM)
11:45 AM Lunch	



WHAT TO BRING:

• Towels, washcloth	• Alarm clock	• Sweats
• Soap	• Spending money	• Long pants
• Sun screen	• Football	• Athletic supporters
• Personal toiletries	• Football shoes-grass	• Tennis shoes
• Bathing suit	• T-shirts	• Rain gear
• Sleeping bag/bedding	• Shorts	• Practice jersey
• Pillow	• Socks	

- Full gear (helmets, shoulder pads, pants, belt, girdles/pads, jerseys, mouthpiece)

- Rental Equipment will NOT be available

DRIVING DIRECTIONS:

The Evergreen State College, 2700 Evergreen Pkwy NW, Olympia, WA 98505

From north or south:

Take Interstate 5 to Olympia. Turn onto Highway 101 at Exit 104. Head west on 101 N for three miles. Take The Evergreen State College exit. Go two miles North on the Evergreen Parkway to the main campus entrance (at the roundabout). Follow the signs to the parking lot and check-in.

From the west:

Go east on Highway 101 North toward Olympia. Take the Aberdeen/Shelton exit. Turn left at the stop sign onto 2nd Ave SW, which becomes Mud Bay Road. Follow the road's curve to the right and continue up the hill. At the hill's top, just beyond the overpass, turn left at The Evergreen State College exit. Merge onto Evergreen Parkway. Go two miles north to the main campus entrance (at the roundabout). Follow the signs to the parking lot and check-in.

Steve Gervais Academy Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. Concussions are often caused by an impact to the head, or to another part of the body, with the force transmitted to the head. Concussions disrupt the way the brain normally works, and vary greatly in severity. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** You can't see a concussion, and most sports concussions occur without loss of consciousness. Signs and symptoms may show up right away, or can take hours or days to fully appear. Seek medical attention immediately if you suspect your child has suffered a concussion.

Signs observed by teammates, parents, or coaches may include that the athlete:

Appears dazed or confused	Has a vacant facial expression ("blank stare")	Is unsure of events of game, score, opponent
Confused about assignment	Moves clumsily/appears uncoordinated	Can't recall events from before the injury
Has slurred speech	Answers questions slowly or can't answer	Can't recall events from after the injury
Loses Consciousness	Has seizures or convulsions	Shows behavior or personality changes

Symptoms may include one or more of the following:

Headaches	"Pressure in head"	Nausea/vomiting	Neck pain	Balance problems or dizziness
Blurred or double vision	Sensitive to light or noise	Drowsiness	Amnesia	Feels sluggish or slowed down
Feeling foggy or groggy	Changes in sleep patterns	Fatigue/no energy	Sadness	Mood/emotional changes
Nervousness or anxiety	Concentration problems	Memory problems	Confusion	Repeats same question/comments

What happens if my child keeps playing with a concussion, or returns too soon?

Athletes with signs/symptoms of a concussion should be removed from play immediately. Continuing to play while experiencing signs or symptoms of a concussion leaves the athlete especially vulnerable to greater injury. There is increased risk of significant brain damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling ("second impact syndrome") with devastating and even fatal consequences. It is well known that teenage athletes will often underreport symptoms of injuries – concussions are no different. We urge parents to be especially vigilant and watchful, as they know their child best, and are best able to notice changes in the child that may result from a concussion.

If you think your child has suffered a concussion

If you notice signs or symptoms of a concussion in your child, seek immediate medical attention right away from a licensed healthcare provider trained in the evaluation and management of concussions, or your hospital's Emergency Department. Any athlete suspected of suffering a concussion must be removed from the game or practice immediately, and may not return until the athlete is evaluated (and cleared in writing) by a licensed healthcare provider trained in the evaluation and management of concussions. This only includes Physicians (MD or DO), Athletic Trainers (AT/L), Nurse Practitioners (ARNP) and Physician Assistants (PA-C).

More information about concussions is available at www.cdc.gov/ConcussionInYouthSports/.

Details:

Each team's coach or designated representative will be responsible for:

1. REGISTERING ALL CAMPERS

2. SUBMITTING COMBINED CAMP FORMS

- Registration
- Copy of physical (provided by physician)

3. MAKING PAYMENT FOR CAMP FEES

- Note – All payments and forms will be submitted by the team's coach in a single notebook
- No refunds will be made for no shows or for campers dismissed from camp for disciplinary cause
- Refunds for any athletes injured and required to leave camp will be on a case by case basis
- Athletes Parents will be responsible for any room damage and there will be an \$100.00 charge for lost room keys
- Parents grant permission for their child's photograph or video to appear in promotional material regarding future camps.

Camper Information

Name _____ Age _____

Home Address:

City _____ State _____ Zip _____

Email _____ Cell Phone _____ Home Phone _____

School _____ Grade entering Fall 2017 _____

Date of Birth ____/____/____ Ht _____ Wt _____ Primary Position _____ Secondary Position _____

LIABILITY WAIVER 2017

I, the undersigned, individually and as a parent/guardian of _____ (camper), a minor, ask that he be admitted to participate in the Gridiron Champions Team Football Camp. I do hereby agree to release, discharge and hold harmless Steve Gervais, employees and volunteers from any and all liabilities, claims, costs, expenses, injuries and or/losses, that I or my minor child may sustain as a result of my minor's attendance at the sport camp or in the course of competition and /or activities held in connection with the sport camp I hereby give consent for medical treatment and agree to assume all responsibility for payment of medical bills and expenses. Furthermore, I will be responsible for filing all claims with all insurance companies. I give permission for this form and my child's medical physical to be released to a medical professional/facility should my child need treatment or care. Additionally, by signing this Liability Waiver, I acknowledge that I have read and reviewed the High School Concussion Form.

Signature of Parent/Guardian _____ Cell Phone _____ Date _____

Emergency Contact _____ Relationship _____ Phone _____

Family Physician _____ Phone _____

KENT PUBLIC SCHOOLS
School District No. 415, King County
Kent, Washington

FIELD TRIP OR EXCURSION PARENTAL INFORMATION

Date _____ Student Name: _____
Student ID#: _____

Dear Parents/Guardians:

_____ is planning a trip to
(Name of School/Group)

Evergreen State College (Olympia, WA) as part of Kentlake Football Team Camp
(Destination) (Purpose)

_____. We will leave from Kentlake High School

on 6/23/17 at 2:30pm. Transportation will be by:
(Date) (Time)

- ☐ School Bus ☐ Charter Bus
☒ Private Auto ☐ Airplane

Supervision will be provided by KLHS Football Coaches and parents. We will return to
school at approximately 4:00 pm on 6/26/2017.
(Time) (Date)

The full cost and itinerary are attached. **Students must return this form prior to going on the trip!**

EXCURSION CODE OF CONDUCT

I understand that all school and district policies are in effect on this trip. For example:

- A. No consumption or possession of illegal substances (alcohol, drugs, paraphernalia)
- B. Show courtesy and respect toward others at all times.
- C. No gambling.
- D. No use of tobacco.
- E. All established rules, including schedules, will be strictly adhered to.

DISCIPLINARY ACTION

I understand that this trip is a school sponsored activity and is governed by the Policies and Procedures of the Kent School District. The following are examples of disciplinary action which may be taken in the event that the Excursion Code of Conduct, school policies, or district policies are not followed:

- A. Placed in the care of a chaperone and/or sent home early.
- B. Referred to school administration.
- C. Students shall be subject to expulsion, suspension or discipline which could result in loss of credit, denial of a diploma or removal from school activities such as, but not limited to, commencement, trips, etc.

MEDICAL RELEASE

Authorization is hereby granted to the director of the group to secure necessary medical attention and/or hospitalization of _____.

In the event of a medical emergency, the parent or guardian shall be contacted prior to such action, and if this is not possible will be notified as soon as possible.

Person to Call in Case of Injury _____

Relationship _____ Phone _____

Please indicate any special health problems which should be noted and adequate precautions taken: (list such items as unusual severe reaction to bee stings, other severe allergies, hemophilia, diabetes, heart disease, etc.)

SIGNATURES

I agree with the Excursion Code of Conduct and the attached itinerary and give permission for my son/daughter to participate. I further understand that if my son/daughter violate any rules set forth, I may be responsible for costs associated with sending him/her home early. (Parents will be notified if student behavior warrants being sent home early.)

Student: _____ Date _____

Parent/Guardian: _____ Date _____

Dear Colleague:

This field trip is planned for the educational benefit of this student. Please discuss the effect of this absence with the student and arrange for assignment(s). Initial below to indicate a satisfactory understanding has been reached.

Thank you for your cooperation.

Period 0 _____

Period 4 _____

Period 1 _____

Period 5 _____

Period 2 _____

Period 6 _____

Period 3 _____

KENT PUBLIC SCHOOLS
School District No. 415, King County
Kent, Washington

STUDENT PRIVATE TRANSPORTATION PERMISSION FORM

_____ has permission to: ☐ Drive*
Student Name ☐ Ride
☐ Drive* and Ride
from: Kentlake High School to: Evergreen State College (Olympia, WA)
and return on the following date(s): 6/23/17-6/26/17.

_____ ☐ does / ☐ does not have permission to
Student Name
carry other student passengers in compliance with the Washington State intermediate licensing
requirements in the vehicle listed below:

***Note: All student drivers must submit district form
DF-17-00 (Volunteer Driver Screening - Affidavit of Insurance)**

VEHICLE INFORMATION:

Make of vehicle: _____ Model: _____
Year of vehicle: _____ License No.: _____
Registered owner of vehicle: _____
Name of Policyholder: _____
Effective dates of policy: From: _____ to: _____

Signature below acknowledges understanding and compliance with the information listed above.

Student Driver/Rider

Parent of Student Driver/Rider

Distribution:
White: Building Athletic Director
Canary: Coach

DF-18-01

KENT SCHOOL DISTRICT
Volunteer Driver Screening - Affidavit of Insurance
Risk Management (253) 373-7220

School _____ Date _____

This form is to be filled out and kept on file for each volunteer driver. Each form is valid for current school year only.

Name of Driver _____
Vehicle year/make/model _____
Automobile license # _____

Please respond either YES or NO

_____ I have a valid driver's license.
License # _____ Expiration Date _____

_____ I have had no moving violations or at fault accidents within the last three years.
If you answered no to this statement, please list all violations within the past three years. (Attach additional explanation if necessary.)

_____ I have had no alcohol related driving tickets.
If you answered no to this statement, please explain. (Attach additional explanation if necessary.)

_____ I carry minimum auto liability limits of :
 \$100,000 per person
 \$300,000 per occurrence
 \$ 25,000 property damage
Company _____ Policy # _____

_____ I am aware that, in the event of an accident while on a school-related activity, any claims will be submitted to my personal automobile insurance company. I am accepting primary responsibility for all persons that I am transporting.

_____ The vehicle I will be driving is in safe operating condition. Seat belts are available for each occupant and will be secured when transporting students. Children 12 and under will not be transported in the front seat if equipped with air bags. The vehicle I will be driving is not a van with over ten person rated capacity.

The above information is true and accurate to the best of my knowledge. I hereby give permission for a copy of my personal motor vehicle report to be ordered and used in consideration of my transporting students.

Signature of driver

Date of signature