



FOOTBALL SPECIAL TEAM CAMP AND CLINIC "SPECIAL FORCES"

June 8-11, 2017 at Konawaena High School, Kealahou, HI

\$ 125.00 fee includes t-shirt, camp photo, instruction, daily lunch, player evaluations

Big Island Sports Academy and the County of Hawaii Department of Parks and Recreation Department and Konawaena High School are pleased to announce the FIRST ANNUAL SPECIALITY Clinic and Instructional Camp. Instruction and skill development will be provided for BOYS AND GIRLS ages 12-18 with an outstanding clinic staff featuring Coach Paul Alsbury, Edinburg, TX special team consultant and coach, who has an outstanding staff, assisting him...Sergio Castillo, NFL & CFL kicker and punter, and collegiate level special team Coach Haskell Buff. Coach Castillo is also a highly regarded motivational speaker who will conduct a session for players and parents, during the camp on "Success and Commitment", the steps to high performance. 6 power packed sessions, beginning at 5:30 PM June 8, (registration at 5 PM)

TO APPLY, COMPLETE THIS APPLICATION AND RETURN with payment

Bill Trumbo, Director

Big Island Sports Academy

78-6715 Alii Drive # 101

Kailua Kona, HI 96740

Email: billtrumbo@gmail.com

After your application is received you will receive a confirmation letter with further information

NAME: _____ AGE _____

HOME ADDRESS _____ CITY _____ ZIP _____

EMAIL ADDRESS _____

SCHOOL OR YOUTH TEAM _____ COACH _____

Which position would you like to work on during our defensive session (Circle each of your interest)

Place kicker/kick off, Punter, Holder, Long snapper, Returner,

Adult t-shirt size (circle one) _____ S M L XL XXL

PARENTS PLEASE SIGN & COMPLETE this Medical Consent form and Release of Liability

Name of Minor _____ DOB _____

Name of Parent/Guardian _____ Contact # _____

Name and contact in case parent or guardian is not available _____

I grant permission to the directors/staff and coaches of the clinic to act on my behalf of said minor in granting permission for evaluation and treatment of medical problems which might result in participating in the activities of the clinic/camp. When emergency contacts are not available.

I also hereby release the camp organizers, Big Island Sports Academy, the County of Hawaii and all members of the staff from liability and waive risk and indemnify from the participation in the camp. I recognize there is risk inherent in the sport of softball and accept this risk as part of my child's involvement in the camp.

Parent/Guardian Signature: _____ Date _____