FREE FREE

James Washington,
Coach Rick Neuheisel and the UCLA Football Staff
Present:
"BACK TO THE BASICS"
A FREE One Day Football Boot Camp
For 5th through 8th* Grade (Ages 9-13) (*Entering as of Fall '11)

SATURDAY, May 14, 2011
@
Los Angeles Southwest College
Football Stadium
1600 West Imperial Hwy, Los Angeles, CA 90047-4899
9:00 am to 2:00 pm
Registration begins at 8:30 AM at the Football Stadium.

ENROLLMENT IS LIMITED TO 500.
Please send in your form early. DEADLINE IS MAY 6, 2011.

Everything you need to know to become a better football player, as taught by two-time Super Bowl Champion and former member of the Dallas Cowboys, James Washington, joined by the UCLA Football staff. Washington went from playground football player to Super Bowl Champion. You can too!

Skills and Drills	**One-on-One**	**"BRUIN BALL"**
Free T-shirt	**Free Box Lunch**	**Much more**

CAMP SCHEDULE

Registration:	**8:30 am - 9:00 am**
Instruction:	**9:00 am - 1:00 pm (Coach Neuheisel will speak at end of session.)**
Lunch:	**1:00 pm – 2:00 pm**

IF ANY QUESTIONS, PLEASE CALL:
Jolie Oliver 310/206-6637 FAX: 310/206-0967

REGISTRATION FORM FOR FREE
BACK TO THE BASICS CAMP ON 5/14/11

DEADLINE: May 6, 2011

Name_____

Address_____

City_____ **State**_____ **Zip Code**_____

Telephone (_____)_____ **E-Mail**_____

Age_____ **Grade (as of Fall '11)**_____ **Date of Birth**_____

Adult T-shirt size: S M L XL (circle one)

Parents name (first & last)_____

Emergency contact_____

Daytime Telephone (_____)_____

Please mail the registration form to address below, or FAX to 310/206-0967.

BACK TO THE BASICS FOOTBALL CAMP
ATTN: JOLIE OLIVER
PO BOX 24044
LOS ANGELES, CA 90024-0044

*****Please note: For your protection, the parental consent form MUST be signed before participation in the camp will be allowed.**

PARENTAL CONSENT FORM

I hereby authorize the directors of the Back to the Basics Camp to act for me according to their best judgment in any emergency medical situation. I hereby waive, release, exonerate, and discharge the camp and its employees from any and all actions or causes known or unknown, from any injuries in camp or on the way to or from camp. Costs for treatment of injuries and hospitalization for illness or injuries incurred during the sports camp will be the responsibility of the parent or guardian of the participant. Any insurance carried by the parent or guardian may be used to defray such medical and hospital costs. I certify that my child has no injury or illness which would limit his participation in camp.

Parent/Guardian Signature_____**Date:**_____