

# **PIEDMONT MIDGET FOOTBALL**

## ***Spring / Summer Workout Program***

Beginning Wednesday, April 27<sup>th</sup>, 2016, Piedmont Midget Football League will start our off-season Workout Program to begin player conditioning, evaluation and instruction in preparation for the Fall 2016 football season. This year we are combining a core-strength and conditioning program from the HS coaches with our normal football program. The cost of this program is \$50 per player. This program is voluntary, but highly encouraged for current 5<sup>th</sup>, 6<sup>th</sup> and 7<sup>th</sup> grade athletes wishing to play football in the fall. It will run twice a week in the evenings from 6pm – 8:00pm on the football practice field at Piedmont Recreation Association (Noel Williams Park). This is a structured program administered and taught by certified athletic trainers and volunteer coaches from Piedmont High School and Midget Football League. (A not-for-profit community recreation organization). Interested athletes will need to bring the following to the first session on Wednesday, April 27<sup>th</sup>, 2016.

- Completed permission / waiver form (below)
- Cleats, running / shoes and water

Parents can drop off participants beginning at 6:00 pm at the football field at PRA. All participants must be picked up at the same location no later than 8:00 pm.

### ***Piedmont Midget Football League***

2016 Football Spring / Summer Workout Program

### **PERMISSION / LIABILITY WAIVER FORM**

ATHLETE'S NAME: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ CURRENT GRADE: \_\_\_\_\_

D.O.B: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

EMERGENCY CONTACT PHONE #: \_\_\_\_\_ PLAYED IN 2015?: YES / NO

The Undersigned, as parent or legal guardian of the child named above, desires that my child participate in the Spring Workout Program offered by Piedmont Midget Football League. By completion of this release, I agree that all requirements, standards, and guidelines set by the coaching staff and personnel of the Program, use of equipment under supervision of the Program staff and personnel shall be deemed to have been accomplished for the benefit of my child.

In consideration of Piedmont Midget Football League efforts on my child's behalf, I do hereby voluntarily assume all risk of accident, injury, damage, or loss to my child's property which may arise out of my child's participation in the Program, hereby intending to release the State of North Carolina, Union County Public Schools, Piedmont Midget Football, Piedmont High / Middle School, the director, coaches, and personnel involved or otherwise from risks which may result from participation in the Program. Further, I acknowledge that I am responsible for providing primary medical insurance.

Print Name: \_\_\_\_\_ Signature of Legal Guardian: \_\_\_\_\_ Date \_\_\_\_\_

Witness: \_\_\_\_\_

Print Name \_\_\_\_\_ Signature of PDMFL, Inc Representative \_\_\_\_\_ Date \_\_\_\_\_