



Youth Football Clinic



**Saturday, June 26, 2010
4:00 – 5:30 PM @ Husky Stadium, St. Cloud State University**

The Minnesota Football Coaches Association (MFCAs) invite boys and girls of ages 5-14 to participate in a FREE Youth Football Clinic held prior to the 37th Annual Minnesota High School All-Star Football Game at SCSU's Husky Stadium. During the clinic, participants will receive football instruction and be led in non-contact football drills by last years Minnesota High School All-Star Football Coaching staffs. All clinic participants will be given one (1) free ticket to the All-Star Football Game (7:00 pm) and will be recognized on the field during halftime of the game.

Each participant must submit a completed registration form with a liability waiver (provided below) signed by a parent or guardian to participate in the event. The registration form may be also be downloaded from the Minnesota Football Coaches Association website at, www.mshsca.org/Football/. For more information on the MFCAs Youth Football Clinic, please contact Bill Magnuson at 320-258-1648 or bill.magnuson@isd47.org

Each participant **must** submit a completed registration form with a liability waiver signed by a parent or legal guardian. **For guaranteed participation, please mail completed registration form by Friday, June 18th to: Sauk Rapids Rice High School/Attn: Bill Magnuson 1835 Osauka Rd. NE, Sauk Rapids, MN 56379.**

Registrations will be accepted at check-in on the day of the clinic on a first-come, first-serve basis. Check-in will begin at 3:30 pm at the south entrance to Husky Stadium. In case of inclement weather, the clinic will be held in the SCSU Field House.

REGISTRATION FORM

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Day Phone: _____

Email: _____

Is your child healthy? Yes No Do you have medical insurance? Yes No

Participant's T-shirt Size: _____ (please indicate Youth or Adult size)

WAIVER OF LIABILITY

Participants Name (please print):_____ As participants in the MFCAs Youth Football Clinic at the Minnesota High School All-Star Football game on June 26, 2010 at St. Cloud State University, we understand that we assume all risk and danger incidental and by agreeing of our own free will to be participants, waive any claim against St. Cloud State University; their staff; Clinic Staff; and the MFCAs. I acknowledge that I am responsible for any and all medical expenses due to the participant's illness or injury in connection with the MFCAs Youth Football Clinic. I grant permission to Clinic Staff to provide the participant with emergency medical treatment if needed.

Parent or Guardian Name (Please Print)

Parent or Guardian's Signature

Date

***Please be sure to pick your child up after the event.**

****The MFCAs will not be responsible for any child left at the event.****