



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 '09)

SATURDAY, May 23, 2009

@

Los Angeles Southwest College

**1600 Imperial Hwy, Los Angeles, CA
(Sports Facility behind the Gymnasium)**

9:00 am to 2:00 pm

Registration begins at 8:30 am

ENROLLMENT IS LIMITED TO 500.

Please send in your form early. DEADLINE IS MAY 15, 2009.

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

Free T-shirt

One-on-One

Free Box Lunch

“BRUIN BALL”

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

FOR MORE INFORMATION, PLEASE CALL:

Jolie Oliver 310/206-6637 FAX: 310/206-0967

**REGISTRATION FORM FOR FREE
BACK TO THE BASICS CAMP ON 5/23/09**

ABSOLUTE DEADLINE: May 15, 2009

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone (____) _____ E-Mail _____

Age _____ Grade (as of Fall '09) _____ 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: _____