

# 4th Annual GI Jamboree at GINW

## June 7 & 8 @ GINW

*Each school is asked to have 3 Teams - Varsity, JV and C Teams*  
*Coach Tomlin will provide coaches drinks. Coaches collect and bring forms & money.*

9:00 am Fields are open for teams to practice.

**1:30 pm**      **Workout #1**

3:30 pm      Coaches Meeting & Supper at GINW (Little Cesars or Raising Canes & Gatorade).

**5:00 pm**      **Workout #2**

7:00 pm      Coaches Meeting.    **Hamburger, Hot Dogs, Chips & Drinks**

*Break for the day. Teams have traveled to/from each day, stayed in hotels & slept on GINW wrestling mats for free.*

8:30 am      Teams warm-up on your own.

**9:00 am**      **Workout #3**

10:30 am     Coaches Meeting & Lunch at GINW (Little Cesars or Raising Canes & Gatorade).

**11:30 am**     **Workout #4**

**General Workout Format (Coaches will set the format they would like for each workout).**

*30 Minute Team Prep (Coaches discretion).*

*60 Minute Group and Team Competition (Coaches discretion).*

*30 Minute Team Correction (Coaches discretion).*

\*\*Certified Athletic Trainer on site.

\*\*Catastrophic Insurance through: Dissinger Reed.

\*It is recommended that each player have primary insurance to participate.

\*Each player must bring needed equipment. Water and restroom facilities will be provided.

## Camp Registration Form

Coaches please collect & mail (or bring on June 7) your teams registrations and \$50 fee to Coach Stein

**Make Checks payable to "NWHS - Football" ... Give forms & money to your Head Coach.**

Name: \_\_\_\_\_ School: \_\_\_\_\_ Fall 2020 Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone#: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Emergency Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## Medical Release

*I hereby authorize the members of the coaching staff of the GI Jamboree to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release the camp's personnel from any liability for any injuries or illnesses incurred while attending the GI Jamboree.*

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_