



High School Coaches and Players,

The NFL and National Guard are bringing the NFL High School H.S.P.D Football Camp to Brainerd. The H.S.P.D Camp takes place all over the United States each year and has served as a great opportunity for our young men. This will be a three day camp which goes from Thursday, June 10<sup>th</sup> to Saturday, June 12<sup>th</sup>.

***Thursday Night – 5:00-7:30PM***

***Friday Morning and Afternoon – 9:00AM-12:00PM and 1:00-3:00PM***

***(2.5 hours of both offense and defensive work)***

***Saturday – 9:00-11:30AM***

Your players who are currently in grades 9-11 are eligible to attend this football camp. Area high school and college coaches will be responsible for teaching your young men the game and its individual skills and fundamentals on both the offensive and defensive sides of the football as well as possibly some special teams work as well. I will be coordinating the camp itself and we will be hosting it at Forestview Middle School in Baxter. So you may be thinking why should I send my players to this camp? Here are some reasons:

- 1.) It is **FREE** to any player who wants to attend the camp. There is absolutely no catch to this. Your players will get an H.S.P.D Jersey and Planner.
- 2.) It will cut down the work for you. Each college coach will receive a booklet of information on each player and may even come to watch and evaluate these.
- 3.) It gets your players thinking and excited for the summer off-season and upcoming fall football season.
- 4.) You can bring 15 or more of your players, currently in grades 9-11 for this. Up to 300 football players can attend! You can also sign up less than 15 as well.
- 5.) The players will work on Offensive and Defensive Techniques (small groups and lots of one on one with the coaching staff)
- 6.) Players attend a class on NCAA rules, NCAA required High School classes, SAT/ACT tests and time management, and also some key leadership training all done by the National Guard.
- 7.) College coaches will be coaching and watching your athletes and evaluating them. This will increase their possible chance to play at the next level if they wish to do so. H.S.P.D has help many players get noticed and even potential scholarships.

This is a phenomenal opportunity for you football players to get some great training not only on the field, but also within the realm of leadership and other areas. We can guarantee your young men will receive a lot of attention with their fundamentals, but also have a great time within this camp. If you have any questions please feel free to contact me. I will be putting together more information for later this month pertaining to other details such as lodging (if needed) and directions. Also attached to this email will be the player waiver and the medical information sheet, in which they need to fill out and attach a copy of their current physical. The participant informational sheet is also included, which will need to be filled out by your participating players before turning everything else in for registration. As of right now, I have a **May 15<sup>th</sup> deadline** for all registrations, but this could be extended if numbers are somewhat low at that point.

Thanks and Hope to see you there!

Jason Freed

Assistant Football Coach

Brainerd High School

PS – Check out this website if you want to see more for yourself and players.

[www.nflyouthpd.com/hspd](http://www.nflyouthpd.com/hspd)

## PARTICIPANT INFO FOR SMS ENTRY

|   |  |             |                  |               |       |                     |
|---|--|-------------|------------------|---------------|-------|---------------------|
| <b>NAME:</b>  |  |             |                  |               |       | _____               |
| <b>ADDRESS:</b>   |  |             |                  |               |       | _____               |
| <b>CITY:</b>  |  |             |                  |               |       | _____               |
| <b>STATE:</b>   |  | _____       | <b>ZIP CODE:</b> |               | _____ |                     |
| <b>PHONE NUMBER:</b>  |  |             |                  |               |       | _____               |
| <b>EMAIL ADDRESS:</b>   |  |             |                  |               |       | _____               |
| <b>DATE OF BIRTH:</b>   |  |             |                  |               |       | _____               |
| <b>GENDER:</b>  |  | <b>MALE</b> |                  | <b>FEMALE</b> |       |                     |
| <b>GUARDIAN NAME:</b>   |  |             |                  |               |       | _____               |
| <b>CURRENT SCHOOL STATE:</b>  |  |             |                  |               |       | _____               |
| <b>CURRENT SCHOOL NAME:</b>   |  |             |                  |               |       | _____               |
| <b>GRADE ENTERING IN THE FALL:</b>  |  | 9           | 10               | 11            | 12    | <b>OTHER:</b> _____ |
| <b>COLLEGE PLANNING TO ATTEND:</b>  |  |             |                  |               |       | _____               |
| <b>HEIGHT:</b>  |  | _____       | <b>WEIGHT:</b>   |               | _____ |                     |
| <b>YEARS IN HSPD PROGRAM:</b>   |  | 0           | 1                | 2             | 3     | <b>OTHER:</b> _____ |
| <b>**Is the HSPD physical or a valid school physical (with a physician signature) attached?</b> |  |             |                  |               |       |                     |
| YES   |  |             | NO               |               |       |                     |
| <b>**Is the HSPD waiver (with a guardian signature) attached?</b>                               |  |             |                  |               |       |                     |
| YES   |  |             | NO               |               |       |                     |
| <b>HAVE YOU PREVIOUSLY PARTICIPATED IN JPD?</b>   |  |             |                  |               |       |                     |
| YES   |  |             | NO               |               |       |                     |
| <b>HAVE YOU PREVIOUSLY PARTICIPATED IN HSPD?</b>  |  |             |                  |               |       |                     |
| YES   |  |             | NO               |               |       |                     |
| <b>HAVE YOU PREVIOUSLY PARTICIPATED IN THE NATIONAL 7-ON-7 TOURNAMENT?</b>                      |  |             |                  |               |       |                     |
| YES   |  |             | NO               |               |       |                     |
| <b><u>**REQUIRED DOCUMENTATION TO PARTICIPATE IN HSPD!!!!</u></b>                               |  |             |                  |               |       |                     |



**MEDICAL FORM**

**Student Name:** \_\_\_\_\_

**Assumption of Risk and Consent for Treatment**

I understand that there is an inherent risk of injury with my participation and contact football, and that this injury may lead to permanent disability or death. In the event of routine of emergency health examinations diagnostic procedures, treatment of illness, and/or injuries, permission is hereby granted to treat the athlete above by the HSPD medical staff, physicians associated with other community facilities as needed.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Insurance Information**

Indicate the status of your personal health insurance coverage. If covered, the information indicated below must be provided for all applicable policies.

- \_\_\_\_\_ I am not covered by a health/accident insurance policy.
- \_\_\_\_\_ I am covered by my own health/accident insurance policy.
- \_\_\_\_\_ I am covered by my parent's health/accident insurance policy.

Health Insurance Company Name & Address: \_\_\_\_\_  
\_\_\_\_\_

Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Physician Consent**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication student-athlete is taking: \_\_\_\_\_

Previous Medical Conditions: \_\_\_\_\_  
\_\_\_\_\_

Previous Orthopedic Conditions: \_\_\_\_\_

\_\_\_\_\_ Student-athlete cleared for all full contact physical activities (full contact football)

\_\_\_\_\_ Student-athlete restricted from physical activities, reason and/or conditions for clearance (if any)

Conditions for clearance (if any): \_\_\_\_\_  
\_\_\_\_\_

Signature of Doctor: \_\_\_\_\_ Date: \_\_\_\_\_

(Doctor's stamp of approval also required)

**\*\*Note\*\* Participants need to fill out the first part of the medical form, and if they have a copy of their current physical they should attach it and the physical will be sufficient in replacing the "physician's consent" piece of the medical form.**

**AGREEMENT TO WAIVER OF CLAIMS AND LIABILITY RELEASE**

In consideration of his acceptance as a Participant in the NFL High School Player Development Program (hereafter the “Program”), the undersigned Participant (hereafter “Participant”) and Participant’s parent(s) or legal guardian(s) agree to the following Waiver of Claims and Liability Release (hereafter the “Waiver and Release”), which will cover events occurring from the time the Participant commences his participation in the Program until the termination of his participation therein.

**WAIVER OF CLAIMS AND LIABILITY RELEASE**

It is the intent of the undersigned Participant and his parents or legal guardians to release the NFL Youth Football Fund, National Football League (“NFL”), NFL Properties LLC, NFL Ventures L.P., the Member Clubs of the NFL and each of their respective affiliates, officers, directors, agents, sponsors (including, but not limited to the United States National Guard), and employees (collectively the “NFL Entities”) from any claims or liability to the fullest extent possible under the law, as such the undersigned hereby agrees as follows:

1. WE UNDERSTAND AND HEREBY ACKNOWLEDGE THAT THE GAME OF FOOTBALL IS A FULL-BODY CONTACT SPORT THAT PRESENTS THE INHERENT RISK OF SERIOUS BODILY INJURY. OUR WAIVER AND RENUNCIATION OF CLAIMS IN THIS AGREEMENT EXPRESSLY APPLY TO ANY BODILY INJURY, DAMAGE, OR ACCIDENT THAT MAY BE SUFFERED BY THE PARTICIPANT OR OTHERS RESULTING FROM THE PARTICIPANT’S PARTICIPATION IN THE GAME OF FOOTBALL IN CONNECTION WITH THE PROGRAM.
2. We the undersigned, as a Participant in and the parents or legal guardians of a Participant in the Program, hereby waive and renounce any claims against the NFL Entities participating in the Program, including without limitation any claims based on negligence, for any injury to the Participant or others, loss damage, sickness, accident, delay, or expenses of any kind whatsoever resulting from the Participant’s participation in the Program.
3. We also agree to hold harmless the NFL Entities from any and all claims arising out of the equipment or uniform supplied to Participant for use in the Program, or the equipment or other materials used by Program staff in implementing the Program.
4. We understand and acknowledge that the NFL Entities do not guarantee the security or safety of Program sites, of the areas adjacent to and surrounding Program sites, or of any areas Participants may traverse on their way to or from Program sites. We release the NFL Entities from any and all claims arising out of accidents or events caused by a Participant or third parties not associated with the Program, which incidents could occur on Program sites, in areas adjacent to or surrounding Program sites, or in areas traversed by Participants traveling to our Program sites. We further release the NFL Entities from liability for any damage or injury that may occur as a result of the surface or condition of the Program site itself (e.g. the football playing field), or the condition of facilities or equipment used at the site.
5. We recognize that the Participant must obey the instructions of coaches, their assistants, and any other Program staff, and we have instructed the Participant to obey said coaches and other Program staff. We understand and acknowledge that the Program staff and NFL Entities reserve the right to terminate the participation in the Program of any Participant whose conduct may be considered by the NFL, in its sole discretion, to be detrimental to or incompatible with the interests and security of the Program or the NFL Entities. In the event of any such action by the NFL, we understand and acknowledge that we will have no right to any compensation or damages from the NFL Entities.
6. We represent and confirm that the Participant has undergone, or will undergo prior to commencement of his participation in the Program, a full and comprehensive physical examination administered by a Board-certified physician who will supply to the NFL or its designated representative a letter certifying, on the basis of aforementioned physical examination, that the Participant is physically fit to play the game of full-contact football and otherwise to participate in the Program. We further confirm that we have executed, or will execute prior to

commencement of the Participant's participation in the Program, the "medical history" form provided to the Participant at the time of his registration for the Program, and we will return the executed medical history form to the NFL Entities.

7. We further understand that should any medical services be provided or made available to the Participant in connection with his participation in the Program, the provision or availability of which the NFL Entities do not sponsor or guarantee, the NFL Entities do not warrant or make any representation concerning the adequacy or continuation of such medical services, nor can the NFL Entities be deemed responsible or held liable for any claims arising out of the provision of such medical services or the failure to provide or to continue to provide such medical services. We also understand that the NFL Entities cannot be held liable for any other services provided herein, including without limitation any coaching, counseling, transportation, or security services. Any core course recommendation made by any member associated with the Program is simply a recommendation and is ultimately subject to the rules of the NCAA, as the qualifying agent.

8. We hereby grant the NFL Youth Football Fund and its designees the right to use the name, image, likeness, photograph, and biographical material pertaining to the Participant throughout the world in any and all media, now known or hereby created, in connection with promoting or publicizing the Program or any other endeavor.

9. We hereby grant the NFL Entities and the Program counselors and teachers access to the Participant's high school transcript for use only in connection with the Program. We acknowledge that such transcripts may be provided to certain college coaches or college athletics personnel who may request this information about the Participant but such information will not be released to other persons not affiliated with the Program.

10. If any portion of this Waiver and Release is declared invalid or unenforceable by a final judgement of any court of competent jurisdiction, we hereby agree that such determination shall not affect the balance of this Waiver and Release, but this Waiver and Release shall remain in full force and effect, as such invalid portion shall be deemed severable.

11. **(For California Residents Only)** I hereby expressly waive all rights under Section 1542 of the Civil Code of the State of California, and under any and all similar laws of any jurisdiction. I am aware that said Section 1542 of the Civil Code provides as follows:

A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM MUST HAVE MATERIALLY AFFECTED HIS SETTLEMENT WITH THE DEBTOR.

**Yes!** We agree to have this information shared with the National Guard, so we can be contacted by a Recruiter to learn more about how the Participant can "Own My Future" in the National Guard. *Checking this box does not obligate the Participant to join. It's just a chance to check us out and learn more about the various opportunities in the Guard.*

Full name of Parent or Guardian (First and last name)

\_\_\_\_\_  
Signature of Parent or Guardian

Relationship to Participant

Full name of Participant (First and last name)

\_\_\_\_\_  
Signature of Participant

Current Date

Address

City State Zip

Phone Number Age as of December 31 Birth-date of Participant

Email Address



## **THE NFL – HSPD CAMP IS COMING SOON**

### **CAMP DATES:**

THURSDAY, JUNE 10<sup>TH</sup> – 5:00-7:30PM

FRIDAY, JUNE 11<sup>TH</sup> – 9:00AM-12:00PM AND 1:00-3:00PM

SATURDAY, JUNE 12<sup>TH</sup> – 9:00-11:30AM

\*\*MAIN MAKE UP DATE WILL BE SATURDAY – BUT OTHER OPTIONS ARE AVAILABLE. WE NEED TO BE CONTACTED PRIOR TO CAMP FOR MAKE UP.

### **LOCATION:**

FORESTVIEW MIDDLE SCHOOL  
BAXTER, MN

### **WHAT TO BRING:**

HELMET AND SHOULDER PADS

CLEATS

WEATHER APPROPRIATE CLOTHING

ATTIUTDE TO HAVE FUN, LEARN, AND GET BETTER AS A LEADER AND PLAYER!

**PLAYERS SHOULD HAVE GIVEN THEIR WAIVER FORM AND THE MEDICAL FORM (PHYSICAL) TO THEIR COACH TO SEND TO ME ALREADY – IF NOT GIVE TO COACH OR MAIL ASAP TO:**

JASON FREED - HSPD  
5604 CLEARWATER RD.  
BAXTER, MN 56425  
(218) 270-2727 (HOME)  
(507) 450-7986 (CELL)  
EMAIL– [jason.freed@isd181.org](mailto:jason.freed@isd181.org)