

# Youth Spring Football Camp

## (Grades 6-8) 2026

**WHO:** This camp is designed for youth athletes currently in **grades 6–8** who are interested in playing football at Sandra Day O’Connor High School.

**WHEN:** Mondays / Wednesdays **\*Last Day of Camp is Thursday May 14th**

<b>Week 1</b>	April 27	April 29
<b>Week 2</b>	May 4	May 6
<b>Week 3</b>	May 11	May 14*BBQ/MTG

**WHERE:** Sandra Day O’Connor Practice Field

**TIME:** 6:00 PM - 7:30 PM

**COST:** \$20 (Payment secures your spot for camp)

(FB School Participants **do not** need to pay this fee)

**HOW:** Zelle or Cash (payable to OC Booster Club)

Please note your son’s name, grade level, and shirt size in the memo / email.

**WHY:** Participants will enjoy engaging and fun high school level coaching. Our freshmen coaching staff can tailor instruction and drills to meet the needs of your athlete and help them grow. Whether you are brand new to football or not, every participant of this camp will leave with more than just a t-shirt!

**NOTE:** All participants **MUST** have a signed DVUSD Camp Waiver. The waiver can be found attached to this document and turned in on the 1st day of camp.



Zelle®

treasurer3.ocfootball@gmail.com

*If you have any questions relating to the camp, please contact Varsity Head Football Coach Ben Kullos at*

[coachkullos@gmail.com](mailto:coachkullos@gmail.com)

oc\_football

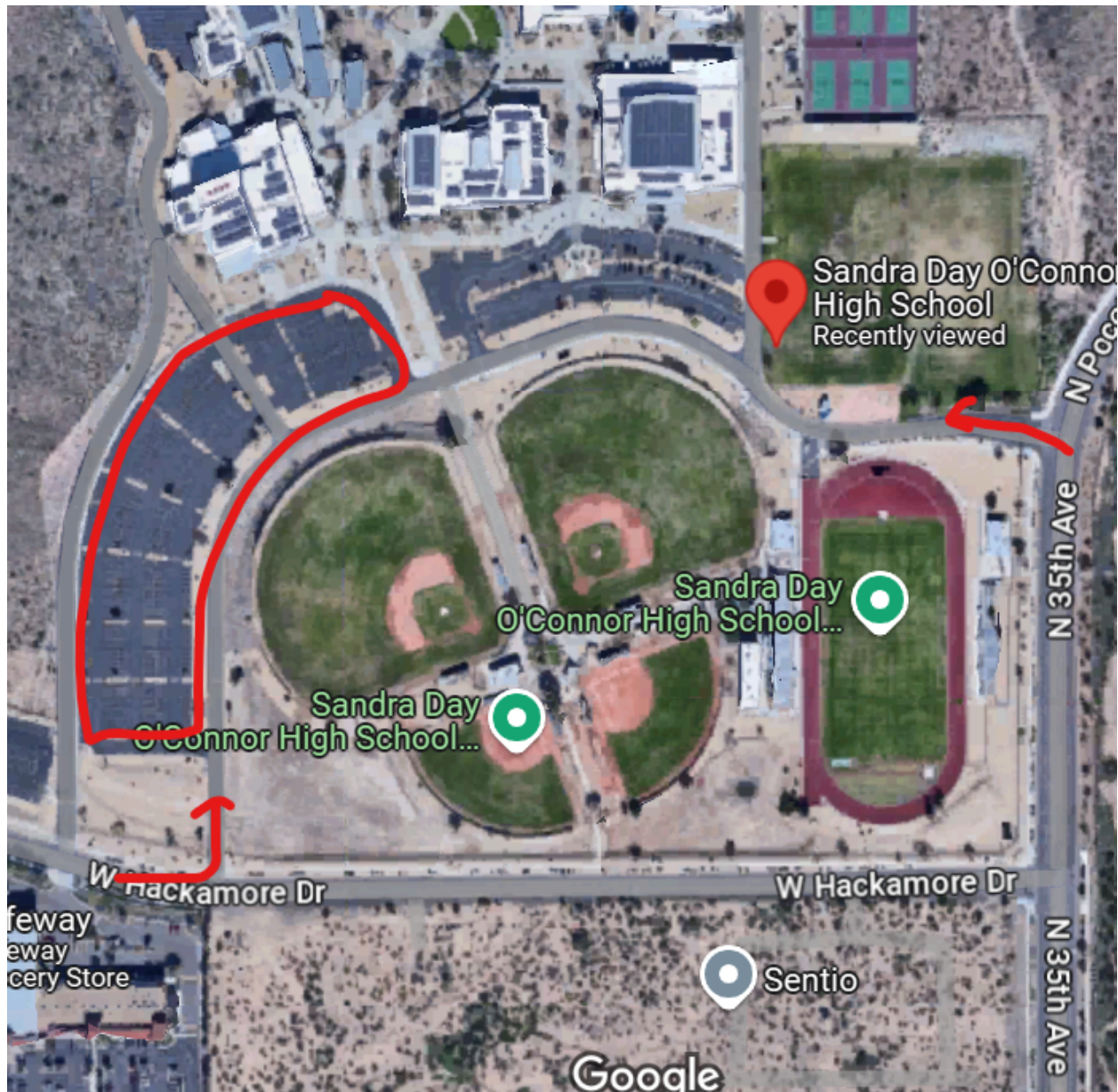


O’Connor Football



**DIRECTIONS:**

1. Enter off of 35th ave or Hackamore Dr
2. Walk through the parking lot to the pin
3. Please stop by the check-in table next to the gate before your athlete enters the field
4. Families are welcome to stay and watch camp. Note: there will be no bleachers on the practice fields





**DEER VALLEY**  
*Unified School District*

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**Governing Board**  
Steve Bottfeld  
Paul A. Carver Jr.  
Kimberly K. Fisher  
Dr. Karen C. Pack  
Stephanie Simacek

## DVUSD Athletics Off Season Practices, Camps & Clinics Waiver Form

Date: \_\_\_\_\_ School: \_\_\_\_\_

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

Activity: \_\_\_\_\_

By my signature below, I, as parent or legal guardian of the student named above ("the Student"), am confirming that I understand and agree to the following terms of participation for the Student to attend all DVUSD Athletics Off Season Practices, Camps and Clinics ("Clinic") and participate in the activity ("the Activity") noted above.

### Parent's Informed Consent/Release and Discharge of Liability

- I am providing my informed consent for the Student to participate in the Clinic and the Activity.
- I have been informed of the nature of the activities to be conducted and am aware of the hazards and risks that may be associated with the Student's participation in the Clinic and Activity, including potential risks of bodily injury, death or damage to property which may occur from known or unknown causes. I have been made aware of the hazards associated with athletic activities and nonetheless am providing my permission for the Student to participate in the Activity. **I agree to accept these risks as a condition of my child's participation in this program.**
- I hereby release and discharge employees, agents, instructors, coaches, volunteers and directors of the Clinic from any and all liability, claims, or causes of action resulting in any kind of damages, illnesses, injuries, to the Student in any way relating to or arising out of the Clinic or Activity, or in any way related to its premises, including travel to and from the location of the Clinic or Activity. I have had sufficient time to review and seek explanation of the provision contained herein, have carefully read them, understand them fully and agree to be bound by them.

### Parent's Consent for Emergency Care for Student and Responsibility for Costs of Care

- I authorize District personnel, Clinic personnel, emergency medical providers, licensed health care providers, medical doctors and hospital personnel to obtain and/or provide emergency medical aid, treatment, or care to the Student in the event the Student is injured or ill while participating in the Clinic or Activity.

I understand and agree that I am responsible for payment of any and all costs incurred for the emergency care and treatment of the Student. Payment of health care expenses is not a District responsibility.

Parent Print Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

*Graduating lifelong learners who will successfully lead, compete, and positively impact the world.*