

## 2025 JAGUAR STRENGTH 9<sup>th</sup> ANNUAL COMBINE

# ALL CURRENT (2024-2025 SCHOOL YEAR) 6-11<sup>TH</sup> GRADERS ENCOURAGED TO REGISTER TODAY!

- <u>CAMP PURPOSE</u> Purpose of this camp is to test an athlete's ability in four different tests. Each athlete will be tested in the vertical jump, 40-yard dash, 3 cone agility and 5x10x5 pro agility. Height and weight of each individual will also be measured. By participating each athlete will be able to use the results on various recruiting questionnaires, enter them into their Hudl profiles, and track their progression through the Jaguar Strength program from year to year.
- CAMP REGISTRATION DEADLINE April 1, 2025
- **<u>REGISTER ONLINE</u>** Visit <a href="https://tshq.bluesombrero.com/jaguarfootballcamps">https://tshq.bluesombrero.com/jaguarfootballcamps</a>
- CAMP DATE Sunday, April 27, 2025
- CAMP TIMES 1:00 pm 3:00 pm @ Jaguar Stadium (Gyms for inclement weather)
- <u>CAMP EQUIPMENT</u> Wear athletic clothes, football cleats and tennis shoes (Important to bring both)

#### COST:

\$40.00 if paid by April 1

### **PHYSICALS:**

 Each individual participating in camp is required to have a physical on file from the current school year. Physicals are valid for 1 calendar year. Please contact MTMS/MCMS/MVHS or visit athletic website for forms.

#### **INSURANCE:**

Insurance is provided as a part of the cost.

\*\*For questions concerning online registration please email <a href="myjagreg@gmail.com">myjagreg@gmail.com</a>

\*\*For any specific camp questions please visit <a href="www.mvjaguar.com">www.mvjaguar.com</a> or contact Coach Applebee at <a href="mailto:japplebee@usd232.org">japplebee@usd232.org</a>

Participant Name		Home phone	Parent Cell phone	
Combine				
Address	Parent Email			
City	Zip	Grade Nex	ct Fall	
Parental Waiver, Assumption of	Risk, and Cons	ent Form		
application, I hereby release Jaguar Football, N on account of injuries which may be sustained	Mill Valley High School by my son while atten	, and the Desoto School I ding the Jaguar Football (	ootball Camp. In consideration of your acceptance of the Board of USD 232 and all of its employees from all claims camp and any team and/or individual practices, and I agree any claim which may hereafter be presented by my minor	
Medical Insurance Company		Policy Number:		
Parents Signature:		Emergency Contact Phone:		
As the parent or legal guardian of the child nat sport designated above. I understand that the related activities incidental to my child's partic capable of participating to the designated spor	med above, I hereby give are certain risks of in ipation, and I am willing that and that my child is held below. In addition to	we my full consent and ap- njury inherent in the practi- ng to assume these risks on tealthy and has no physical giving my full consent for	proval for my child to participate as a team member in the ice and play of this sport, as well as in traveling and other a behalf of my child. I hereby certify that my child is fully l or mental disabilities or infirmities that would restrict full r my child's participation, I do hereby waive, release, and representatives for any injury that may be suffered by my	