

Coach Pereira's Football Academy

Spring/Summer 2014
York High School
Yorktown, VA

Coach Pereira's Contact Information

Phone: 757-848-6853

Email: dpereira@ycsd.york.va.us

What Participants Will Need To Bring

1. Cleats
2. Sunscreen (applied prior to arrival)
3. Football (same size football he is using at his age level)

Typical Daily Schedule

- Stretching
- Warm Up
- Position Techniques and Accuracy
- Footwork Progressions
- Position Fundamentals vs bags
- Conditioning

Fees

Session (1 Hour) \$12.00 (session)

2 Sessions per month (Dates TBD)

*Payments due at the first session of the month for
the entire month (\$24)*

Cash preferred. Please make checks out to **DOUG
PEREIRA.**

Group Session Dates (can choose any dates below):

- 2 Sessions to be scheduled per month beginning in May and ending in mid-August
- Sessions to be held on Saturday Mornings
- Up to 12 sessions total

Probable Dates (Subject to Change)

- May 3
- May 17
- June 7
- June 14 (may be cancelled)
- June 28
- July 12
- July 26
- August 2

Position Coaches

- QB – Coach Pereira
- RB/WR/TE – Coaches Speight and Pereira
- OL – Coaches Casas and Incorminias
- DL - Coaches Casas and Incorminias
- LB – Coach Casas
- DB – Coach Pereira
- Specialists (kicker, Punter) – Coach Pereira

About Coach Pereira

- ✓ Entering 8th year as the **Head Football Coach** at **York High School**
- ✓ Overall Record as a head coach: 45-31
- ✓ 17 years coaching experience at the high school level. 2 years' experience at the youth level prior to high school coaching
- ✓ Has coached all positions, including multiple years' experience in coaching QBs

Medical Release Form

I certify that the named Camper is physically fit for playing football and other related activities and has my permission to participate in the camp program. In case of an emergency, I understand that every attempt will be made to contact me. If contact is unsuccessful, I authorize the York high School Training Staff to perform immediate medical care, which includes but is not limited to the referral of other appropriate allied health care professionals, for any injury / illness that may occur while this individual is participating in camp activities. Any expense arising from injury is the responsibility of the person signing below. I hereby authorize the staff of the York High School to provide any care or medical treatment as deemed necessary to my minor son, (Print Name): _____ . I understand that the consent & authorization herein granted does not include major surgical procedures and are valid only during camp. Please list below any medications currently being taken or any allergies and/or medical conditions that might restrict this individual from participating in any camp activities:

If the Participant has a medical condition that could require medicine during participation, it is the responsibility of the Participant to supply this medicine daily (i.e. Asthma - Inhaler). Accident insurance for the Falcon Football Camp is provided York High School on a secondary basis. All registrants must be enrolled in a primary medical insurance program through their Parent / Guardian. Any medical claims resulting from this camp must be processed through the primary insurance before being submitted to this secondary policy. I, the undersigned Parent/Guardian, certify that I have ensured that the Participant has engaged in a sound nutritional diet which includes both hydration and food consumption, both before and after camp participation.

Date: _____ **Emergency Phone:** _____ **Signed [Parent/Guardian]:** _____