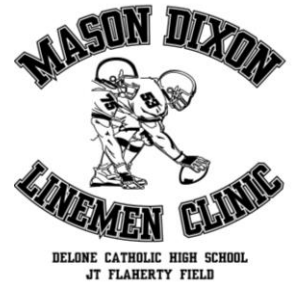




DELONE CATHOLIC HIGH SCHOOL  
 2019 MASON DIXON LINEMEN CLINIC  
 PRESENTED BY  
 PAT FLAHERTY '74  
 MIAMI DOLPHINS OFFENSIVE LINE COACH



Join us as we welcome Miami Dolphins Offensive Line Coach Pat Flaherty back to the Mason Dixon Linemen Clinic. Coach Flaherty will personally run drills and teach offensive line techniques.

**Saturday, June 22**

**Delone Catholic High School's J.T. Flaherty Field**

**140 South Oxford Avenue, McSherrystown, Pa.**

**9 a.m. – 1 p.m. (registration at 8 a.m.)**

**Boys in Grades 7-12**

**\$50/player (T-shirt and refreshments provided)**

Player Name _____						
Address _____				City, State, Zip _____		
Grade (Fall 2019)	7	8	9	10	11	12
Height _____	Weight _____		T-Shirt size (adult) M L XL XXL			
School _____						
Parent Email Address _____				Parent Phone _____		

Players should bring shorts, football shoes, sneakers.  
 Certified Athletic Trainers will be on site for the duration of the event.

To register, you must

- 1) Complete the player information
- 2) Sign the medical and photo waivers (on page 2)
- 3) Register by Friday, June 7. No refunds will be issued.

Make check payable to Delone Catholic High School. Mail application AND signature page to:  
 Mason Dixon Linemen Clinic  
 140 South Oxford Avenue, McSherrystown Pa. 17344

For additional information, please contact [masondixonclinic@gmail.com](mailto:masondixonclinic@gmail.com) or visit [www.DeloneCatholic.org](http://www.DeloneCatholic.org).  
 Also Find us on Facebook "Mason Dixon Linemen Clinic"

Proceeds from this clinic benefit the John Gastley Scholarship Foundation and the J.T. Flaherty Award.  
No refunds will be issued.

**Medical Waiver**

I, the undersigned, hereby expressly and affirmatively state that I wish for my child, \_\_\_\_\_ (child's first and last name), to participate in the Mason Dixon Linemen Clinic. I realize that my child's participation in this activity or the use of equipment involves various risks of injury. In consideration of being allowed to participate in the activities and programs provided through Delone Catholic High School, I do hereby waive, release and forever discharge Delone Catholic High School, and all of its directors, officials, agents, employees, representatives, event staff and all other affiliates from any and all responsibility or liability for injuries or damages resulting from this activity. I do also hereby release all of those mentioned, and any others acting upon their behalf, from any responsibility or liability for any injury or damage to my child, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf, or in any way arising out of or connected with my child's participation in any of the contemplated activities or in the use of equipment through Delone Catholic High School, or otherwise.

My child is in good health and is able to participate in camp activities without restrictions. I certify that I have health insurance coverage which will be applied in the event of an injury. I will be responsible for any expenses incurred due to injuries and medical treatment.

Parent/Guardian Name: \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_  
Insurance Company Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Photo and Video Release Form**

I, the undersigned, do hereby give Delone Catholic High School and the John Gastley Scholarship Foundation the irrevocable right to use the name and the audio, video and photograph recordings of my child, \_\_\_\_\_ (child's first and last name) on this day in all media and in all manners, without any restriction for advertising, promotion, exhibition or any other lawful purposes.

I agree that Delone Catholic High School owns the copyright in these recordings and photographs, and I hereby waive any claims against the school, the Diocese of Harrisburg, the John Gastley Scholarship Foundation (and any diocesan, school or foundation officers, agents or employees) I may have based on any usage of them or works derived from them.

I am the parent or guardian of the minor named above and have the legal authority to execute the above release. I approve the foregoing and waive any rights in the premises.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_