

# RAIDER FOOTBALL CAMP 2018

We will be having our football camps this fall for grades 3-12 at East Sac County. Each camp will be directed toward the age group of players. The main focus will be on fundamentals and techniques of football at each level. I would encourage you to sign your child up for one of the camps. Each player will receive a camp shirt. When filling out the form, please indicate which camp your son will be attending, t-shirt size and what grade he will be in during the fall.

Location: Lake View (Varsity Practice Field)

**Camps and Dates:**

Youth Flag Camp: July 30- Aug 1, 8:30-10:00AM

Youth Tackle Camp: July 30- Aug 1, 8:30-10:00AM

Middle School Camp: July 23-July 26- \*\*(will be held with HS Camp)

High School Camp: July 23-July 26 - \*\*times to be determined.

\*\*There will be morning, afternoon, evening sessions depending on player's position.

**Family Discount:**

Take \$5 off for 2<sup>nd</sup> and 3<sup>rd</sup> family member registered.

Send to: Raider Football

801 Jackson St.

Lake View, IA 51450

## Raider Football Camp Form

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ (fall 2017)

Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Check the camp your child will be attending:

\_\_\_\_\_ - \$30.00 -Youth Flag Football (Fall Grades 3-4)

\_\_\_\_\_ - \$30.00 -Youth Tackle Football (Fall Grades 5-6)

\_\_\_\_\_ - \$40.00 -Middle School Football (Fall Grades 7-8)

\_\_\_\_\_ - \$50.00 -High School Football (Fall Grades 9-12)

**Early Registration Fee**

**if post marked by**

**July 1, 2017**

Youth- \$25.00

MS- \$35.00

HS- \$45.00

**T-Shirt Size: (circle size)**

YM

YL

Adult Small

Medium

Large

X-Large

XX- Large

XXX-Large

Parent or Guardian: \_\_\_\_\_

Contact number: \_\_\_\_\_

Release: I understand the camp coaches and instructors will not be held responsible for injuries while my child is attending the camp. I authorize the coaches to secure any emergency treatment deemed necessary. The camp coaches will not be held responsible for the payment of any emergency care. Any hospital or doctor fees that are a result of the camp injury will be the responsibility of the parents or guardian. I also acknowledge that my child is physically ready for the activity of the camp.

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