

BADGER PRIDE **FOOTBALL CAMP**

WHEN: May 31st-June 1st INDIVIDUAL SKILL CAMP.

SESSION 1: GRADES 3-5 8:30-11:00

SESSION 2: GRADES 6-8 11:15-1:45

ABOUT THE CAMP: THE BADGER PRIDE FOOTBALL CAMP WILL FOCUS ON THE BASIC FUNDAMENTAL SKILLS THAT APPLY TO FOOTBALL. THIS WILL GIVE EACH CAMPER THE OPPORTUNITY TO IMPROVE THEIR SKILL LEVEL IN ALL AREAS OF THE GAME. THIS IS A NON-CONTACT CAMP.

WHO CAN PARTICIPATE: STUDENTS ENTERING GRADES 3-8, IN THE FALL OF 2018.

WHERE WILL THE CAMP BE HELD: WE WILL HOLD THE CAMP ON BADGER FIELD AT THE HIGH SCHOOL. IF THE WEATHER DOES NOT PERMIT US TO BE ON THE FIELDS WE WILL NEED TO CANCEL FOR THE DAY.

CAMP STAFF: THE BADGER PRIDE FOOTBALL CAMP WILL BE DIRECTED BY THE BENNINGTON HIGH SCHOOL COACHES AND VARSITY FOOTBALL PLAYERS.

TUITION: THE COST OF THE CAMP IS \$40.00. EACH CAMPER WILL RECEIVE A FOOTBALL CAMP T-SHIRT, PLEASE INDICATE YOUR CAMPER'S SIZE ON THE APPLICATION SECTION OF THIS FORM.

WHAT TO BRING: EACH CAMPER SHOULD BRING SHOES TO BE OUTSIDE AND YOU MAY WANT TO BRING A WATER BOTTLE. FOOTBALLS WILL BE PROVIDED.

MAIL APPLICATION TO:

GREG BOHN

16610 BENNINGTON RD.

BENNINGTON NE. 68007

PLEASE MAKE CHECKS PAYABLE TO BENNINGTON PUBLIC SCHOOLS.

ALL APPLICATIONS MUST BE IN BY MAY 9TH. LATE APPLICATIONS WILL BE ACCEPTED, HOWEVER T-SHIRTS MAY NOT BE AVAILABLE FOR THESE CAMPERS.

APPLICATION:

NAME: _____

ADDRESS: _____

CITY: _____

AGE: _____ GRADE (FALL OF 2018) _____

PARENT'S NAME: _____

T-SHIRT SIZE (ADULT SIZES): S M L XL

PARENTAL CONSENT FORM:

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT THE CAMPER.

ALLERGIC REACTIONS: _____

PRESENT MEDICATIONS: _____

IN CASE OF EMERGENCY:

PARENT OR GUARDIAN: _____

CELL PHONE: _____

OTHER CONTACT: _____

PHONE: _____

IN THE EVENT A PARENT OR GUARDIAN CANNOT BE CONTACTED PLEASE INDICATE ONE OF THE FOLLOWING:

_____ I HEREBY CERTIFY THE STAFF OF THE BADGER PRIDE FOOTBALL CAMP HAS FULL AUTHORITY TO PROCEED WITH TREATMENT AS JUDGEMENT INDICATES FOR INJURIES DURING CAMP. THE STAFF OF THE BADGER PRIDE FOOTBALL CAMP SHALL NOT BE HELD RESPONSIBLE FOR ANY CONSEQUENCE RESULTING FROM SUCH INJURIES.

_____ I AUTHORIZE LIMITED CARE AS FOLLOWS:

I DECLARE THAT I AM THE PARENT/GUARDIAN FOR THE ABOVE MENTIONED MINOR.

NAME: _____ DATE: _____

SIGNATURE: _____

