

## 2010 CYCLONE YOUTH PADDED, NON-PADDED & QUARTERBACK/RECEIVER FOOTBALL CAMPS

### CAMP INFORMATION

The camps will be conducted at the SHG West Campus

### What are the Camps About?

Each camper will learn fundamentals of Defense (lineman, linebacker, and secondary) and Offense (lineman, running back, receiver, and quarterback)

### NON-PADDED CAMP DATES

June 6-10

### TIME

June 6: 2-4 p.m.

June 7-10: 8-10 a.m.

### WHO IS ELIGIBLE

Anyone entering grades K-8

### COST

\$65 per camper (includes t-shirt)

### PADDED CAMP DATES

July 18-21

### TIME

6-8 p.m.

### WHO IS ELIGIBLE

Anyone entering grades 4-8

### COST

\$65 camper (includes t-shirt)

### QUARTERBACK/RECEIVER CAMP DATES

June 6-8

### TIME

5:00-7:30 p.m.

### WHO IS ELIGIBLE

Anyone entering grades 6-12

### COST

\$75 (\$60 for 10 or more from same team if sign up together- includes t-shirt) campers must bring their own footballs

### *MAKE CHECKS PAYABLE TO: Sacred Heart-Griffin*

Mail checks and registration form to:

Bob Brenneisen, Camps Director

c/o Sacred Heart Griffin HS

1200 W. Washington

Springfield, IL 62702

### INSTRUCTORS

SHG football staff and players

### WHAT YOU WILL NEED TO BRING

1. Athletic shorts
2. Cleats (if possible)
3. Socks
4. T-shirt
5. Tennis shoes
6. Shoulder pads/helmet/mouthpiece (padded)

## 2010 CYCLONE YOUTH PADDED, NON-PADDED, & QUARTERBACK FOOTBALL CAMPS REGISTRATION FORM

PLEASE CHECK:

Non-Padded camp (June 6-10)     Padded Camp (July 18-21)

3 day QB/WR camp (June 6-8)

Please note any medical conditions that we should be aware of:

I give my permission for my student's name and picture to appear in the newspaper, marketing pamphlets and school publications.     Yes     No

I hereby authorize the directors and staff of the SHG Football Camp to act for me according to their best judgement in any emergency requiring medical attention and I hereby release the SHG Camp, the directors, staff, and others related thereto and the camp facilities from any and all liability for any injuries, accidents, and/or illnesses incurred while at camp. I will be responsible for any medical or other charges in connection with my child's attendance. I know of no mental or physical problems that might affect my son's ability to safely participate in this program.

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Entering Grade: \_\_\_\_\_ School: \_\_\_\_\_

email: \_\_\_\_\_

Phone number: \_\_\_\_\_ Emergency # \_\_\_\_\_

### Shirt Size

Child's

Small 8-10     Medium 12-14

Large 14-16

Adult

Small     Medium

Large     X-Large     XXL

Questions: CALL- Bob Brenneisen

(W)787-1595    (H)546-1169