

Staunton Bulldog Youth Football Camp | 2018



Dear Parents,

The Staunton Bulldog coaching staff would like to invite you to our **four** day football camp to help instill the skills necessary to continue to develop a quality football program. The football camp will be held on May 21st, 22nd, 23rd and 24th from 8-10am for any student who is going into 3rd-8th grade next school year. Parent or guardians are expected to pick up students by 10 am each morning. All students need to wear is gym shoes, shorts, and a T-shirt! The camp will be held in the multi-purpose gym, if needed, for weather.

The students will be working on a variety of skills which include: Quarterback footwork and throwing, running back skills, wide receiver skills, offensive and defensive line skills, linebacker skills, and defensive back skills. We will, also, be working on punting and kicking during the week. The students will, also, have the opportunity to participate in a flag football game on the last day of the camp.

The cost of the camp is \$20. This form, check or cash, and insurance waiver must be turned in before the student can participate in the camp. Please include a **copy** of your insurance card. Money is due by May 4th and may be turned into the Elementary Office at any time. Students who pay before the deadline will receive a T-shirt. Students may still attend camp and pay at the time of camp but will not receive a T-shirt. Please make checks payable to Staunton Football.

Thank you for your support and I look forward to seeing you at Bulldog Camp!

Coach Ferguson

Head Football Coach

Staunton High School

Staunton Bulldog Youth Football Camp | 2018

Name: _____ Grade _____ T-Shirt Size (Adult) _____

Parents Name: _____ Phone Number _____

STAUNTON COMMUNITY UNIT
SCHOOL DISTRICT #6

STATEMENT OF INSURANCE AND WAIVER

_____ (parent/guardian) of

_____, a student at Community
Unit School District No. 6, who is a candidate for an athletic team, hereby state that there
is in effect medical and hospital insurance covering said student provided by:

(Name of Insurance Company)

The undersigned; therefore, do not want the coverage provided by a group accidental
policy which can be acquired through said school at a small cost to the parent or student.
The undersigned understands that said candidate for the athletic team may be injured and
hereby waives any claim against said School District, it's agents or employees, for any
medical, hospital, drug, dental, or any other expenses or loss by reason of an accidental
injury incurred by said candidate in connection with his/her participation in sports. A
copy of the insurance card (front and back) will need to be turned in with this form.

Dated the _____ day of _____,

(Parent/Guardian Signature)

Copy of insurance card attached