



Lodi Blue Devils HS Football Coaching Contact Days



June 19 & 26 July 17, 18, & 19

6pm to 8:30pm

For Grades 9 through 12

Camp Registration Form – Due Monday, June 19th

\$20.00 per person

\$35.00 per family

Camp Instructors:

Lodi High School Football Coaches will instruct participants. Participants will work on various positions and receive instruction on football skills, teamwork, and football knowledge.

Daily Schedule:

- Meet at the Football Field inside the Track
- Dynamic Warm-up / Fundamentals
- Drills and Application
- Football Instruction

T-Shirt Size: Please check one.

- Men's – XXX Large
- Men's – XX Large
- Men's – X Large
- Men's – Large
- Men's – Medium
- Men's – Small

What To Bring:

- Dress for the weather and wear Football or soccer cleats
(Bring Tennis shoes to go IN THE GYM due to weather)
- Bring a water bottle.

Grade in August 2017 9th 10th 11th 12th
(Circle One)

FORMS can be returned to the HS Office, a Coach,

or Mail Completed Form To:

Lodi Youth Football
4413 Snowy Ridge Trail
Windsor, WI 53598
 Questions: pulsda@lodischoolswi.org
 592-3853 ext 4437

Name (participant) _____

Address: _____

Address: _____

Phone: _____

Method of Payment: Cash
 Check: Make payable to **Lodi Youth Football**

Need To Know:

Registration forms are due by **Monday, June 19th, 2017.**

In order to get a T-shirt you must PAY by **July 7th**. Late registrations **will be** accepted, but you **will likely not get a T-shirt.**

In consideration of my child's participation in the camp, I hereby release the Lodi Youth Football Program, the Lodi School system, its officers, employees and agents of any and all liability arising out of any injury or illness my child may incur while participating in camp activities. I understand the rigorous athletic activity in which he/she will be involved. I understand that participation is voluntary and I choose freely to have my child participate.

Will your child need medication while at camp? Yes No

If Yes, explain: _____

Emergency 1) _____ Phone: _____ Email: _____
 Contacts

2) _____ Phone: _____ Email: _____

Parent/Guardian Name: _____ Phone#: _____

Relationship to camper: _____

If the contacts listed above cannot be reached. I hereby authorize the camp leader to secure such medical advice and services as may be deemed necessary for the health and safety of my son/daughter, and I accept financial responsibility.

Parent Signature _____

Date _____