





STONEMAN DOUGLAS FOOTBALL YOUTH SKILLS CAMP



 TRAIN LIKE A MSD EAGLE AT OUR 2nd ANNUAL
YOUTH SKILLS CAMP 

Eligibility:

AGES: ALL KIDS 5-13 YEARS OLD

\$60 *INCLUDES "EAGLE IN TRAINING" T-SHIRT*
(\$10 off a sibling in the same household)

\$65 Late registration (the 1st day of camp)

*No guarantee of a shirt with late registration.

No refunds

Instructors:

Stoneman Douglas Football Staff,
Current & Previous Players.

Facilities:

CUMBER STADIUM

@ STONEMAN DOUGLAS HIGH SCHOOL

DATE: JUNE 27th, 28th & 29th

TIME: 6:00-9:00 P.M.

Equipment:

Please arrive dressed in t-shirt,
shorts and sneakers or football cleats.

REGISTRATION:

On site sign up available at The Feis Bowl 6/09/18 @5:00p.m.

(Tickets available for the Feis Bowl online or at the gate)

Mail in - address is on the top of the registration form

-Check our Facebook page for updates-

Positions and skills covered:

Quarter Backs-	Throwing techniques, stance, drops, ball handling & simple pass read.
Running Backs-	Ball handling, stance, running techniques & pass receiving.
Linemen-	Stance, blocking techniques, shedding.
Receivers-	Stance & starts, catching, pass routes & blocking.
Linebackers-	Stance, various reads & pass coverage.
Secondary-	Stance, drop techniques, coverage & run support.

Awards given the last day of camp



FOR INFO EMAIL:
MSDEAGLES@IRON20@GMAIL.COM

OR JILLIAN @954-600-3084

WWW.MSDFOOTBALL.COM

FACEBOOK: STONEMAN DOUGLAS FOOTBALL





DRINKS, SNACKS AND MSD APPAREL AVAILABLE FOR PURCHASE DURING CAMP

WAIVER MUST BE SIGNED AT REGISTRATION OR ON THE FIRST DAY OF CAMP BEFORE TAKING THE FIELD

STONEMAN DOUGLAS FOOTBALL YOUTH CAMP

Mail In Registration: Douglas Gridiron Club, 5645 CORAL RIDGE DR., #234, Coral Springs, FL. 33076
Checks payable to: Douglas Gridiron Club

Camper Name: _____ **Entering grade:** _____

Age: _____ **D.O.B:** _____

Player experience: _____

Parent/guardian name: _____

Phone: _____ **Alternate phone:** _____

Address: _____

Email: _____

Shirt size: **YS** **YM** **YL** **YXL** **AS** _____

INSURANCE:

Coverage for accidental injury is required by all participants. In most instances family health insurance provides adequate coverage. Please indicate your insurance information below.

Camp Participant: _____ **Policy #** _____

Health Insurance company: _____

I/We, being the legal guardian(s) of the participant authorize the Stoneman Douglas Youth Football Camp and it's agents permission to request medical treatment as necessary to the camper being of our dependent.

Parent or guardian signature: _____

I/We, the undersigned, for ourselves, our heirs, executors, and administrators, waive, release and forever discharge The Stoneman Douglas Football Youth Camp, it's staff, officers, agents, representatives, employees, successors, and assigns of and from any and all rights and claims for damages to persons or property which may be sustained or occur during participation in camp activities, or loss due to negligence or condition, allowing him/her to participate in The Stoneman Douglas Football Youth Camp. *Photos will be taken during camp.