Lodi Blue Devils
2023 HS Football Coaching Contact Days

Mon June 12th   Mon June 19th   Mon July 10   Mon/Tues July 17 & 18

4:30pm -5pm in HS Classroom   5:15pm to 8:30pm in Stadium

For Grades 9 through 12

Camp Registration Form – *Due ASAP or by 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 or Turf
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 cleats
(Bring Tennis shoes to go IN THE GYM due to weather)
Bring a water bottle.

Grade in September 2023   9th   10th   11th   12th
                                        (Circle One)

Name (participant)_____

Go To https://www.lodiyouthfootball.com/home
Register ONLINE for Contact Days

Address:

_____

Lodi Youth Football
1100 Sauk St
Lodi, WI 53555 % Dave Puls

Parent Email: _____

Questions:pulsda@lodischoolswi.org

Parent Cell Phone: _____

Method of Payment: (Preferred) Online__   Cash__   Check__: *Make payable to **Lodi Youth Football***

Need To Know: Registration forms are due **Monday, June 19th** (payment can be made up to July 1st)

In order to get a T-shirt you must PAY by **July 1st**. 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 _____