

Youth Football Camp

2023 Camp Dates

Mon through Weds July 24, 25, 26

Grades 4 and 5 will be from 4:30 to 5:30pm (grade - Fall of 2023)

Grades 6, 7 and 8 will be from 5:45 to 6:45 pm (grade - Fall of 2023)

Camp Registration Form – Due by FRIDAY, July 7th

\$20.00 per person

\$35.00 per family



PLEASE REGISTER Online at <http://www.lodiouthfootball.com>

Camp Instructors:

Lodi High School Football Coaches/Players will instruct campers. Campers will be divided by grade and receive instruction on football skills, teamwork, and football knowledge.

Daily Schedule:

Warm-ups / Football Instruction
Fundamentals / Drills and Application
7 on 7 touch football games-Weds

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

_____ Youth Large

_____ Youth Medium

Location:

HS Stadium Turf

What To Bring:

WATER JUG and CLEATS

(Bring Tennis shoes to go in the GYM due to weather)

CIRCLE Your Grade in Sept. 2023 4th 5th 6th 7th 8th

(Circle One)

If necessary, fill out this FORM and return to the Lodi HS Office or Mail To:

Lodi HS

1100 Sauk St

Lodi, WI 53555 % Dave Puls

For additional information please email : pulsda@lodischoolswi.org

*PLEASE Pay Online if possible. If not, please pay Cash or Check made payable to **Lodi Youth Football**

Name (participant) _____

Address: _____

Phone: _____

Need To Know:

Registration forms are due by **FRIDAY JULY 7th, 2023.**

In order to get a T-shirt you must register 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: _____