

2011 CYCLONE YOUTH PADDED, NON-PADDED & QUARTERBACK/RECEIVER FOOTBALL CAMPS

CAMP INFORMATION

The camps will be conducted at the SHG West Campus

What are the Camps About?

Each camper will learn fundamentals of Defense (lineman, linebacker, and secondary) and Offense (lineman, running back, receiver, and quarterback)

NON-PADDED CAMP DATES

June 12-16

TIME

June 12: 2-4 p.m.

June 13-16: 8-10 a.m.

WHO IS ELIGIBLE

Anyone entering grades K-8

COST

\$65 per camper (includes t-shirt)

PADDED CAMP DATE

July 17-20

TIME

6-8 p.m.

WHO IS ELIGIBLE

Anyone entering grades 4-8

COST

\$65 camper (includes t-shirt)

QUARTERBACK/RECEIVER CAMP DATES

June 12-14

TIME

5:00-7:30 p.m.

WHO IS ELIGIBLE

Anyone entering grades 6-12

COST

\$75 (\$60 for 10 or more from same team if sign up together- includes t-shirt) campers must bring their own footballs

MAKE CHECKS PAYABLE TO: Sacred Heart-Griffin

Mail checks and registration form to:

Bob Brenneisen, Camps Director

c/o Sacred Heart Griffin HS

1200 W. Washington

Springfield, IL 62702

INSTRUCTORS

SHG football staff and players

WHAT YOU WILL NEED TO BRING

1. Athletic shorts
2. Cleats (if possible)
3. Socks
4. T-shirt
5. Tennis shoes
6. Shoulder pads/helmet/mouthpiece (padded)

2011 CYCLONE YOUTH PADDED, NON-PADDED, & QUARTERBACK FOOTBALL CAMPS REGISTRATION FORM

PLEASE CHECK:

Non-Padded camp (June 12-16) Padded Camp (July 17-20)

3 day QB/WR camp (June 12-14)

Please note any medical conditions that we should be aware of:

_____ I give my permission for my student's name and picture to appear in the newspaper, marketing pamphlets and school publications. Yes No

I hereby authorize the directors and staff of the SHG Football Camp to act for me according to their best judgement in any emergency requiring medical attention and I hereby release the SHG Camp, the directors, staff, and others related thereto and the camp facilities from any and all liability for any injuries, accidents, and/or illnesses incurred while at camp. I will be responsible for any medical or other charges in connection with my child's attendance. I know of no mental or physical problems that might affect my son's ability to safely participate in this program.

Parent/Guardian signature: _____

Date: _____

Student's Name: _____ Age _____

Address: _____

City: _____ Zip: _____

Entering Grade: _____ School: _____

email: _____

Phone number: _____ Emergency # _____

Shirt Size

Child's _____ Adult _____
 Small 8-10 Medium 12-14 Small Medium
 Large 14-16 Large X-Large XXL

Questions: CALL- Bob Brenneisen (W)787-1595 (H)546-1169