

# Varsity Football Team Camp

**June 16th and 17th in St. Edward  
June 18th-20th in Newman Grove**

This camp is open to all **boys** in grades 9-12 for the *NEXT* school year.

Time is 8:00 a.m. – 10:00 a.m.

*Camp will be on the practice field. Weather will move it into the gym or community building.*

### Camp Goals:

- **Offensive Work**
- **Defensive Technique**
  - **Blocking**
  - **Agilities**
- **Football Stance**
  - **Catching**
- **Route Running**
- **Team Work**
- **Sportsmanship**

TURN IN THIS FORM BY April 14<sup>TH</sup>

**Camp Cost: \$60**

*(Includes 2 Team Shirts/Shorts)*

*Make checks payable to: SAA Activities*

You may drop off this form and payment to **EITHER** High School Office OR  
Mail form and payment to:  
Michael Roscoe / St. Edward Public Schools / 601 Clark St. / St. Edward, NE  
68660

**Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**T-Shirt Size (Circle One)**    **S**   **M**   **L**   **XL**   **2XL**   **3XL**  
**Short Size (Circle One)**    **S**   **M**   **L**   **XL**   **2XL**   **3XL**

**E-Mail:** \_\_\_\_\_ **OR**  
**Emergency Phone #:** \_\_\_\_\_

THE WAIVER BELOW MUST BE SIGNED AND TURNED IN BEFORE  
CAMPERS WILL BE ALLOWED TO PARTICIPATE.

I \_\_\_\_\_ do hereby grant permission for my son(s)  
\_\_\_\_\_ to participate in the NG/SE Football Team Camp. My  
signature below indicates that I understand there is a risk of injury with any physical  
activity and will not hold St. Edward Public Schools or Newman Grove Public Schools, or  
any member of the camp coaching staff liable for any injuries that may occur.  
Furthermore, my signature indicates that my son(s) is in good health and capable of  
participating in this camp.

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

