RAIDER FOOTBALL CAMP 2019

We will be having our football camps this fall for grades 3-12 at East Sac County. Each camp will be directed toward the age group of players. The main focus will be on fundamentals and techniques of football at each level. I would encourage you to sign your child up for one of the camps. Each player will receive a camp shirt. When filling out the form, please indicate which camp your son will be attending, t-shirt size and what grade he will be in during the fall.

Family Discount:
Take $5 off for 2nd and 3rd family member registered.

Location: Lake View (Varsity Practice Field)

Camps and Dates:

Youth Flag Camp: Aug 5,6,& 7 from 9:00-10:00am
Youth Tackle Camp: Aug 5, 6, & 7 from 10:00-11:30am
Middle School Camp: Aug 5, 6, & 7 from 10:00-11:30am
High School Camp: Aug 5, 6, 7, 8, & 9 from 5:30-8:00pm

Send to: Raider Football
801 Jackson St.
Lake View, IA 51450

- -

Raider Football Camp Form

Name: _____ Grade: _____ (fall 2019)

Phone: _____

Email: _____ Parent Email: _____

Check the camp your child will be attending:

_____ - $35.00 -Youth Flag Football (Fall Grades 3-4)

_____ - $35.00 -Youth Tackle Football (Fall Grades 5-6)

_____ - $45.00 -Middle School Football (Fall Grades 7-8)

_____ - $50.00 -High School Football (Fall Grades 9-12)

Early Registration Fee if post marked by July 5, 2019
Youth- $25.00
MS- $35.00
HS- $45.00

T-Shirt Size: (circle size)

YM   YL   Adult Small   Medium   Large   X-Large   XX- Large   XXX-Large

Parent or Guardian: _____

Contact number: _____

Release: I understand the camp coaches and instructors will not be held responsible for injuries while my child is attending the camp. I authorize the coaches to secure any emergency treatment deemed necessary. The camp coaches will not be held responsible for the payment of any emergency care. Any hospital or doctor fees that are a result of the camp injury will be the responsibility of the parents or guardian. I also acknowledge that my child is physically ready for the activity of the camp.

Parent Signature: _____ Date: _____