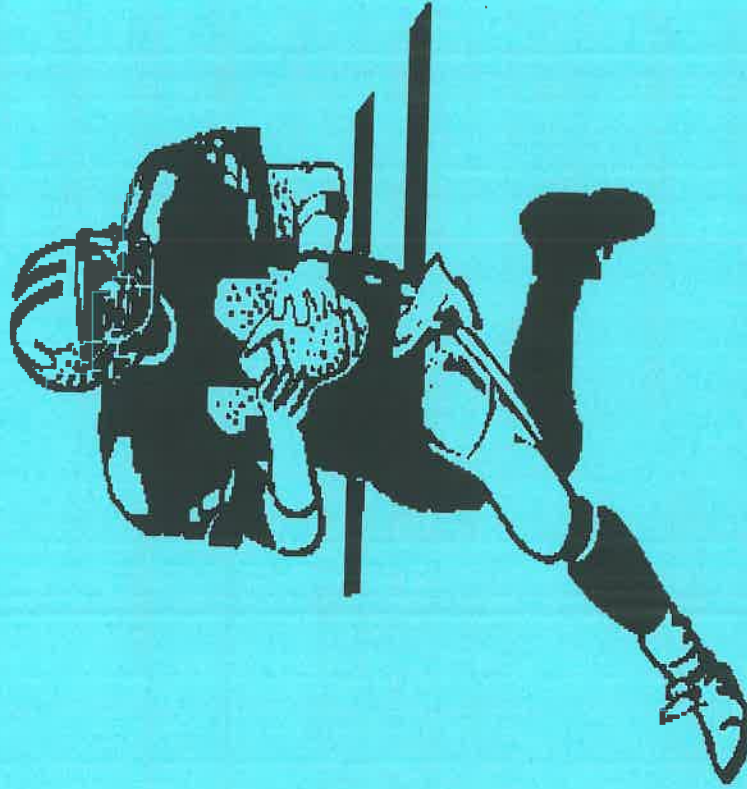


RETURN REGISTRATION FORM BY JULY 9th TO:

Paul Jacobson
316 North Road, Negaunee
Along with your \$60.00 fee.
7th-12th grade players
will work separately and together.



Camp Check List

1. Helmet
 2. Football Shoes
 3. Tennis shoes (for weight room)
 4. Shorts
 5. T-Shirt
- RAIN = INDOORS**

**2021
24th Annual
Negaunee
Football Fundamentals
and Skills Camp**



**July 12th – 15th
at
Negaunee “Miner” Stadium**

Camp Focus

Each athlete will receive training, in strength, speed, techniques - all positions. Kickers and punters, long and short, snappers also.

This will not be a conditioning camp.

Camp Schedule

Negaunee Football Camp Registration Form

Monday, July 12th
Meeting - 8:30 a.m.

Practice: 9:00 - 10:30
Offensive Positions
10:30 - 11:00
Break.
Practice: 11:00 - 12:30
Defensive Positions
Punt, Kick (Optional) 12:30 - 1:00

Tuesday, July 13th
Practice: 9:00 - 10:30
Offense
10:30 - 11:00
Break
Practice: 11:00 - 12:30
Defense
Punt, Kick (Optional) 12:30 - 1:00

Wednesday, July 14th
Practice: 9:00 - 10:30
Offense
10:30 - 11:00
Break
11:00 - 12:30
Defense
Punt, Kick (Optional) 12:30 - 1:00

Thursday, July 15th
Practice: 9:00-11:00
Offense/Defense
Team Work

General Information

1. For grades: 7 - 12
2. To register fill out the form below send to Coach Jake by July 9th.
3. If you have any questions, see your coach or call 475-7861, (NHS)), or Coach Jake 250-0932
4. There will be a certified trainer on hand from Active Physical Therapy.

Name: _____

Address: _____

Date of Birth: _____ **Age:** _____

Grade: _____

Amount Enclosed\$ _____

Offensive Position _____ **Defensive** _____

Phone Number (In case of injury) _____

Authorization:

I consider the football camp registrant above to be in good health and permission is granted to participate in all camp activities, unless otherwise indicated on this form. In case of illness and/or injury, permission is granted for medical treatment to be rendered to my son. I understand that I will be notified in case of serious illness. All medical bills incurred by my son will be my responsibility.

Parent/Guardian Name: _____ (PLEASE PRINT)

Signature: _____

Health Insurance Carrier/Policy Number: _____

Restricted Activities: _____

Known Drug Allergies: _____

Camp Fee

Fee is \$60.00. advance. Deadline is July 9th, Make checks out to Negaunee Public Schools

*Fee includes camp gift.