

**RETURN REGISTRATION FORM**  
**AND \$40.00 FEE BY JULY 8<sup>TH</sup> TO:**

Coach Paul Jacobson  
316 North Rd  
Negaunee, MI 49866

3<sup>rd</sup> – 6<sup>th</sup> grade players will work separately and together.



**Camp Check List**

1. Football shoes (not mandatory)
2. Tennis shoes
3. Shorts
4. T-shirt

**RAIN = INDOORS**

**2022**  
**15<sup>th</sup> Annual**  
**Miner**  
**Youth Football Camp**

Grades 3<sup>rd</sup> – 6<sup>th</sup>



**July 11<sup>th</sup> – 13<sup>th</sup>**  
**At**  
**Negaunee “Miner” Stadium**

**Camp Focus**

Each athlete will receive training in strength and speed techniques – all positions. Kickers and punters, long and short snappers also. **This will not be a conditioning camp.**

## Negaunee Youth Football Camp Registration Form

### Camp Schedule

#### Monday, July 11<sup>th</sup>

Check In Meeting: 6:00 PM  
Practice: 6:10 – 7:45 PM      Offensive Positions  
7:45 – 8:00 PM      Ultimate Football

#### Tuesday, July 12<sup>th</sup>

Practice: 6:00 – 7:45 PM      Defensive Positions  
7:45 – 8:00 PM      Ultimate Football

#### Wednesday, July 13<sup>th</sup>

Practice: 6:00 – 7:45 PM      Special Teams  
7:45 – 8:00 PM      Ultimate Football

### General Information

- For grades: 3<sup>rd</sup> – 6<sup>th</sup>
- To register, fill out the form and send to Paul Jacobson, 316 North Rd, Negaunee **by July 8<sup>th</sup>**.
- If you have any questions, call Paul Jacobson at **475-7861 or 250-0932**.
- There will be a certified trainer on hand from Active Physical Therapy.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Amount Enclosed: \_\_\_\_\_

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 child will be my responsibility.

Parent/Guardian Name: \_\_\_\_\_

(PLEASE PRINT)

Signature: \_\_\_\_\_

Restricted Activities: \_\_\_\_\_

Known Drug Allergies: \_\_\_\_\_

#### Camp Fee

**Fee is \$40.00 in advance. Deadline is July 8<sup>th</sup>. Checks can be made payable to Negaunee Public Schools (NPS).**

\* Fee includes camp gift.