

**RETURN REGISTRATION FORM
AND \$70.00 FEE BY JULY 8TH TO:**

Coach Paul Jacobson
316 North Rd
Negaunee, MI 49866

7th – 12th grade players will work separately and together.



**2022
25th Annual
Negaunee Miners
Football Fundamentals
and Skills Camp**

Grades 7th – 12th



**July 11th – 14th
at
Negaunee “Miner” Stadium**

Camp Check List

1. Helmet
2. Football shoes
3. Tennis shoes (for weight room)
4. Shorts
5. T-shirt

RAIN = INDOORS

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.**

Camp Schedule

Monday, July 11th

Check In Meeting: 8:30 AM
Practice: 9:00 – 10:30 AM Offensive Positions
Break: 10:30 – 11:00 AM
Practice: 11:00 – 12:30 PM Defensive Positions
Punt/ Kick: Optional 12:30 – 1:00 PM

Tuesday, July 12th

Practice: 9:00 – 10:30 AM Offensive Positions
Break: 10:30 – 11:00 AM
Practice: 11:00 – 12:30 PM Defensive Positions
Punt/ Kick: Optional 12:30 – 1:00 PM

Wednesday, July 13th

Practice: 9:00 – 10:30 AM Offensive Positions
Break: 10:30 – 11:00 AM
Practice: 11:00 – 12:30 PM Defensive Positions
Punt/ Kick: Optional 12:30 – 1:00 PM

Thursday, July 14th

Practice: 9:00 – 11:00 AM Offense/Defense
Team Work

General Information

- For grades: 7th – 12th
- To register, fill out the form and send to Coach Jake by July 8th.
- If you have any questions, see your coach or call **Coach Jake at 475-7861 or 250-0932.**
- There will be a certified trainer on hand from Active Physical Therapy.

Negaunee Football Camp Registration Form

Name: _____

Address: _____

Date of Birth: _____ Age: _____ Grade: _____

Amount Enclosed: _____

Offensive Position: _____

Defensive Position: _____

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 \$70.00 in advance. Deadline is July 8th. Checks can be made payable to Negaunee Public Schools (NPS).

*** Fee includes camp gift.**