

MACOMB BOMBER AIR RAID YOUTH FOOTBALL CAMP

WHAT: This is a youth football camp designed to provide a safe and *FUN* environment to learn about the sport of football. We will emphasize team work and group involvement. We will learn to stretch, prepare, to understand rules, to understand position, terminology and strategy and *FUN*. We will play small side games to enforce these concepts. And to have *FUN!!!*

WHO: Students who are entering Kindergarten through 8th grade. Students who are ready to learn and *HAVE FUN!*

WHEN: July 8-11th. The K-4 session and the 5-8 sessions will run concurrently this year, on opposite sides of the football field. Sessions will be from 10:00am until 11:30am. Please drop off and pick up athletes from the South entrance to the field (by the circle drive).

WHERE: The Macomb High School Football Practice Field

COST: \$30 per student athlete- \$50 per family. This includes camp instruction and a tee shirt. Please make checks payable to MHS Football Camp and send the registration and check to MHS c/o Rita Dorethy.

CONTACT: Tony Westen- Macomb High School Head Football Coach

Office Phone- 833-6376

Cell Phone- 309.221.0676

Email- tonywesten@outlook.com

Instruction for this camp will be provided by The Macomb Junior High and High School Football Staff. Members of the High School Football Team will also serve as clinicians. There will be special appearances by Bombers from past seasons! Let's get together, throw the football around, and of course... *HAVE FUN!!!*

AIR RAID

FOOTBALL CAMP

Thank you for bringing your student to our football camp! We are excited to offer a safe, energetic, and FUN opportunity to learn the skills of the game of football!

Student Name: _____

Home Address: _____

City/State/Zip Code: _____

Parent's Name: _____

Phone Number: _____

Emergency Number: _____

Age and Grade of Student: _____

Email Address: _____

Tee Shirt Size (Circle)

Youth S YM YL Adult S AM AL XL 2X 3X

Please make checks payable to MHS Football Camp, and send to Macomb High School, care of Rita Dorethy.

Parental Consent Form I hereby release Macomb Community School District 185, and their employees and agents from all liability from injury or illness that may result from my child's participation from this camp. I certify that my child has been examined by a physician and found to be in good physical health and able to compete in all camp activities without restrictions. Furthermore, In the event that I cannot be reached in a medical emergency, I hereby grant permission to camp staff members to act on my behalf in case of a medical emergency and authorize the directors of the Mustang Youth Football Camp act for me in accordance to their best judgment. I understand that Macomb High School does not provide camp medical insurance and that I am responsible for any/all medical expenses.

Parent Name (Print)

Parent Signature _____ Date _____