

DETAILS

The camp will be conducted at Columbia City High School on July 23, 24, 25, 26 at 5:30 PM – 7:00 P.M. Check-In will be at 5:15 PM Monday July 23rd. Please report to camp at least 10 minutes early each day.

SCHEDULE

Active Warm-Up
Basic Football Skills (Blocking, Tackling, Throwing, Catching)
Position Drills
Competitive Drills

WHAT TO BRING

Each athlete must wear football shoes or tennis shoes, shorts, T-shirt. Each player will receive a camp T-shirt. Please indicate size on registration form. PLEASE BRING A PAIR OF TENNIS SHOES IN CASE OF RAIN.

PURPOSE

The Purpose of the Camp is to expose young people to the great game of football. By learning the basic fundamentals at each position, participants will be able to play the game at a higher level and have fun playing this great game.

TUITION

The cost is \$50 per camper. There is a \$10 deduction for each additional child a family enrolls. The fee includes a camp T-Shirt and instruction by high school staff and players. Please make checks payable to Columbia City Football. WILL ACCEPT WALK-UP REGISTRATION

Please make all checks payable to:

Columbia City Football Camps

**Submit to the CCHS Main Office or
Send form and check to:**

**Brett Fox
Columbia City High School
600 N. Whitley Street
Columbia City, IN 46725
foxbn@wccsonline.com**

Keep this part of the form



REGISTRATION FORM

Please Put Next Year's Grade

Name _____

Address _____

City _____ Zip _____

Grade ____ Height ____ Weight ____

Date of Birth _____

Phone # _____ Work # _____

(T-Shirt Size (YM, YL, S, M, L, XL, XXL) _____)

Person to contact in Case of Emergency

(Name of camper) has permission to participate in the Columbia City Skills Camp. I also hereby waive and release the camp from any and all liabilities arising from injuries incurred while at the camp. I also accept the financial responsibility for any medical charges that may be rendered for needed medical treatment.

Parent's Signature/Date

Insurance
Carrier _____

Policy # _____