



Lodi Blue Devils Youth Football Camp



2017 Camp Dates
Mon through Weds July 24, 25, 26

Grades 4 and 5 will be from 3:30 to 4:45pm (grade - Fall of 2017)
Grades 6, 7 and 8 will be from 5:00 to 6:15 pm (grade - Fall of 2017)
Camp Registration Form – Due by FRIDAY, July 7th
\$20.00 per person \$35.00 per family

Camp Instructors:

Lodi High School Football Coaches/Players will instruct campers. Campers will be divided by grade and receive instruction on football skills, teamwork, and football knowledge.

Daily Schedule:

- Warm-ups
- Fundamentals
- Drills and Application
- Football Instruction
- 7 on 7 touch football games-Weds

T-Shirt Size: Please check one.

- _____ Men's – XX Large
- _____ Men's – X Large
- _____ Men's – Large
- _____ Men's – Medium
- _____ Youth Large
- _____ Youth Medium

What To Bring:

- Dress for the weather and wear grass shoes such as Football or soccer cleats (bring Tennis shoes to go inside due to weather)
- Bring a water bottle.

Grade in Aug. 2017 4th 5th 6th 7th 8th
(Circle One)

FORMS can be returned to the Lodi HS Office

or Mail Completed Form To:

**Lodi Youth Football
4413 Snowy Ridge Trail
Windsor, WI 53598**

Questions: pulsda@lodischoolswi.org or paskekr@lodischoolswi.org
592-3853 ext 4437

Name (participant) _____

Address: _____

Address: _____

Phone: _____

Method of Payment: _____ Cash
_____ Check: Make payable to **Lodi Youth Football**

Need To Know:

Registration forms are due by **FRIDAY JULY 7th, 2017.**

In order to get a T-shirt you must register by **JULY 7th**. Late registrations **will be** accepted, but you **will likely not get a T-shirt.**

In consideration of my child's participation in the camp, I hereby release the Lodi Youth Football Program, the Lodi School system, its officers, employees and agents of any and all liability arising out of any injury or illness my child may incur while participating in camp activities. I understand the rigorous athletic activity in which he/she will be involved. I understand that participation is voluntary and I choose freely to have my child participate.

Will your child need medication while at camp? Yes No

If Yes, explain: _____

Emergency 1) _____ Phone: _____ Email: _____
Contacts

2) _____ Phone: _____ Email: _____

Parent/Guardian Name: _____ Phone#: _____

Relationship to camper: _____

If the contacts listed above cannot be reached. I hereby authorize the camp leader to secure such medical advice and services as may be deemed necessary for the health and safety of my son/daughter, and I accept financial responsibility.

Parent Signature _____

Date _____