

## McMinnville High School Football Camp Grades 3 – 8 “Youth Camp”

This is a non-contact football skills camp to teach the fundamentals of the game. No football experience is required. Camp will be instructed by the McMinnville Coaching staff with assistance from players on the varsity football team. Each day the campers will be coached, drilled and taught the fundamentals of the game. The mission of the McMinnville High School football staff is:

“We will strive to create a family atmosphere where character, education and academic success are developed through the game of football”.

We look forward to working with your child now and in the future. This four day camp offering football fundamentals will serve as a great opportunity for players to learn the McMinnville football system as well as to help kick off their youth or middle school season.

Date: August 12<sup>th</sup> – August 15<sup>th</sup> Monday – Thursday

Time: 5:00 – 7:00 pm

Grades: Incoming 3<sup>rd</sup> – 8<sup>th</sup>

Cost: \$40, Camp T-shirt is included

Where: Wortman Stadium – Home of the Grizzlies – McMinnville High School

What to bring: Shorts/sweats, cleats or tennis shoes. Water is provided or you may bring your own.



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Please make checks payable to McMinnville Football. Registration forms and fees may be returned to Coach Mclrvin at McMinnville High School or you can mail the registration form and check for \$40 to:

McMinnville High School  
Attn: Football Camp  
615 NE 15th Street, McMinnville OR 97128

If you have questions you may reach Ryan Mclrvin at [rmcirvin@msd.k12.or.us](mailto:rmcirvin@msd.k12.or.us) / 503-565-4204

Camper's name: \_\_\_\_\_ Incoming grade \_\_\_\_\_ Shirt Size \_\_\_\_\_

Parent's name: \_\_\_\_\_ Phone # \_\_\_\_\_

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

Email: \_\_\_\_\_

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With my signature below, I hereby authorize the staff at McMinnville High School Football Camp to act for me according to their judgment in any emergency situation. I hereby waive & release the McMinnville Football Camp and the coaches of the camp from any liability that might occur at camp. I know of no mental or physical problems which will affect my child's ability to safely participate fully in camp. I will be responsible for any medical or other charges in connection with my child's attendance at camp.

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_