



**7th – 12th grade
Football Technique Camp
@ Central Springs HS
Friday, June 22nd, 2018**

Featuring



Minnesota State Coaching Staff

Present accomplishments

- 2014 NCAA D2 National Runner-ups
- 8 NCAA D2 National Play-off Appearances since 2008
- 7 NSIC South Champions since 2006
- 13 1st Team All-Americans
- 15 NFL Camp Participants

Contact Person

Bill Shafer
Home #641-749-5592
School#641-454-2208

Cost

\$20.00
7th-12th grades
(grade camper will be next fall)

Place

Central Springs High School
Football Practice Field
105 South East Street
Manly, IA

Time

10:00 am – 2:30 pm (tentative schedule)
Offensive Technique 10:00-11:30am
Special Teams Tech. 11:30—12:30
Lunch 12:30-1:00pm
Defensive Technique 1:00-2:30pm

Cost includes:

A meal between sessions, a camp water bottle, and a camp T-shirt

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Name _____ Parents _____

Address _____

City _____ State _____ Zip _____

Home# _____ Busniess# _____

School _____ Grade next year _____

T-Shirt Size (circle one) **XS S M L XL 2XL 3XL**

••To guarantee T-shirt size must be pre-registered or Contact via phone (641-425-9911) or email (bshafer@centalsprings.net) by Thursday, June 14 (week before camp)••

Accident & Medical Insurance Company _____

Company Address _____

Policy # _____ Policy Owner _____

To Central Springs Football Technique Camp

This is the application for enrollment of _____ in the Central Springs Football Technique Camp located in Manly, IA on the above date. I grant permission to the camp director, assistants, or assigned chairpersons of the camp to act on my behalf for said minor in granting permission for evaluation/treatment of minor medical problems. I understand that should a major medical problem arise, an attempt will be made to notify me by telephone. In an event that I cannot be reached, I hereby give consent to such medical treatment as deemed necessary by a licensed physician, such as x-ray examinations and anesthesia to be rendered to said minor. I also agree to indemnify the Central Springs High School and all their employees for any claim which may hereafter be presented to my child as a result of any such injury. I also grant permission for the Central Springs Football Technique Camp to use photographs of my child for publicity, advertising, or other commercial purposes. This camp admits all qualified applicants without regard to disability, race, color, religion, national, or ethnic origin, and sexual orientation. I HEREBY CERTIFY I HAVE READ AND FULLY UNDERSTAND THIS AUTHORIZATION.

Parent/Guardian Signature _____ Date signed _____

Allergic reactions to _____ Medications currently taking _____

Any past illness or other information that would be useful in an event medial treatment is necessary

Mail Completed Forms To:

Central Springs Middle School
c/o Bill Shafer
509 N. Iowa Ave
PO Box #367
Nora Springs, IA 50458

Make Checks Payable To:

Central Springs Football