



ELITE CAMP

WAUKEE FOOTBALL GRADES 5, 6, 7 (Fall 2019)

Two day Camp focusing on speed, agility, and football skills. RUNNING, EXPLOSION, FOOTWORK, CORE STRENGTH, & MOVEMENT. Conducted by the Waukee Varsity Football & Strength Staff.

- WHO?** Students ENTERING in 5th, 6th and 7th grade.
- WHEN?** 1:00-3:00pm Wednesday June 5 and Thursday, June 6.
- WHERE?** Waukee Stadium— West of Waukee High School
555 SE University Avenue, Waukee
- COST?** \$65 per Participant
***No one will be denied due to financial limitations. If you need financial assistance, contact Coach Sanders.

EVERYONE RECEIVES A DRI-FIT SHIRT/SHORT COMBO

INCLEMENT WEATHER PLAN:

Should we experience threatening weather during camp times, we WILL conduct the camp in the gyms at Waukee High School, Your child must have indoor athletic shoes for the gym.

CAMP REGISTRATION:

- ONLINE @ www.waukeeschools.org (ReVtrak. Athletics. Camps)
- OR Send this form, with cash or check ('Waukee Football') to: Coach Sanders, Waukee High School, 555 SE University Ave Waukee, Iowa 50263
- Contact jsanders@waukeeschools.org with camp questions.

REGISTRATION: GRADES 5/6/7

REGISTRATION DEADLINE: FRIDAY, MAY 10

The following information must be completed and the parental consent signed for your child to participate in the 2019 Waukee Football Camp.

PLAYER INFORMATION: (Please Print)

LAST NAME: _____ FIRST _____

GRADE (Fall 2019): (please circle) 5th 6th 7th

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

T-SHIRT SIZE (Circle One): [YOUTH or ADULT Sizes]

YOUTH: YS YM YL

ADULT: S M L XL

SHORTS SIZE (Circle One): [YOUTH or ADULT Sizes]

YOUTH: YS YM YL

ADULT: S M L XL

EMERGENCY CONTACT INFORMATION:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

PARENTAL CONSENT AND WAIVER:

In consideration of acceptance, I hereby for myself, my heirs, executors, and administrators, waive any/all rights & claims for damages I may have against individuals associated with the event & all sponsors/officials, for any & all injuries suffered by my child during, because of, or in travel to/from event. I attest & verify I have full knowledge of the risk involved & my child is physically fit & sufficiently trained to participate. I give permission for my child to participate in the 2019 Waukee Football Elite Camp June 5/6.

PARENT NAME (PRINTED): _____

SIGNATURE: _____

*Due to specialized orders, we are unable to offer refunds for registrations