

VARSITY FOOTBALL CAMP

**July 29-31, 2019
Grades 9 - 12 (Fall 2019)**

Come and join the PHS coaches to sharpen your football skills.

This year's camp will run **on Monday, July 29, Tuesday, July 30, and Wednesday, July 31** from 9 am to 12 noon

We will meet at the varsity practice field. Campers will be able to develop their techniques on both sides of the ball and on special teams. Players will also be able learn pertinent offensive and defensive terminology and schemes.

We will also spend time on unique skills challenges and Razzle Dazzle football!

The camp fee is **\$45 for early registration (before May 24) and \$55 after May 24**

Each additional camper per family is \$35. Proceeds from the camp go directly back to our football program.

We will take registrations up to and during camp, we want you there!

This will include instruction, practice jersey, and beverages. We will also have a prize drawing.

Awards will be given for certain accomplishments achieved at the camp.

Please detach the below registration form and return it along with the camp fee to the high school office!

If you have any questions please contact Coach Peterson at 218-791-4988 or (ppeterson@isd116.org).

Online Registration is also available.

Registration Form for the 2019 Pillager Youth Football Camp

Name: _____ Grade (Fall 2019) _____

Best Contact Phone #: (____) _____ Alternative Phone #: (____) _____

Please note any medical condition we should be aware of: _____

I understand the Pillager Football Camp director and instructors will not be held responsible for injuries or loss of property while the above student is attending the camp. I do hereby release the State of Minnesota, Pillager School District, and the Pillager Football Camp director and instructors from all liability, including claims and suits in law or equity for any injury, fatal or otherwise. The signature below absolves the Pillager Football Camp staff of all responsibility for loss of personal property. Furthermore, I realize the risks involved to the student. I will pay, or cover through my insurance, any medical or hospital expenses, doctor bills, or other expenses which could be incurred as result of treatment given to the above named student for illness or injury while attending or subsequent to attending the Pillager Football Camp. I hereby authorize the staff of the Pillager Football Camp to act for me according to their best judgment in any emergency requiring medical attention.

Signature of Parent or Guardian: _____ Date: _____

Name of Insurance: _____ Policy No: _____

Checks Payable to: Pillager Football Camp

Mailing Address: 323 E. Second Street South, Pillager, MN 56473

**ONLINE
REGISTRATION
IS ALSO
AVAILABLE.**