



# 2017 Baraboo 7th/8th Grade Football Camp

## July 19<sup>th</sup>- July 21<sup>st</sup>

### 5pm-7pm

## Jack Young Middle School Field



The Baraboo 7th-8th grade football camp is designed for middle school players to learn the skills necessary to play football in the Baraboo football program. Offensive and Defensive schemes will be installed and practiced so that we may get a head start on the 2017 football season. All instruction will take place on the Jack Young Middle School field. Each camp session will culminate in a 7 on 7 tournament.

**Equipment:** All participants should bring t-shirt, shorts, football cleats, girdle, and tennis shoes (in case of inclement weather, we will be in the HS gymnasium). All other equipment will be provided. Each participant will receive a camp t-shirt. Any glasses worn during practice should be unbreakable.

**Registration:** All forms must be received by June 15<sup>th</sup> or a late fee will be charged. No refunds will be available after June 1<sup>st</sup>.

**Fee:** \$40 for the first participant. Late registration fee \$45.

### MAKE CHECKS OUT TO AND MAIL TO:

Quarterback Club  
ATT: T-Bird Football Camp  
1201 Draper St.  
Baraboo, WI 53913

### Baraboo MS Football Camp July 19-21, 5pm-7pm

T-SHIRT SIZE:    M    L    XL    XXL    XXXL

(Please PRINT)  
Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

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

Parent's Cell Phone: \_\_\_\_\_

Entering grade: \_\_\_\_\_ Age: \_\_\_\_\_

**In case of emergency and we are not able to contact you, we should contact:**

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Participant's Doctor: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

I declare that \_\_\_\_\_ is in good physical health and able to practice and play football. I also give permission for \_\_\_\_\_ to attend the T-Bird Football Camp. I certify that the registrant has had a satisfactory physical exam by a doctor within the past two years and is physically able to participate in all camp activities. In the event of injury or illness, I give my consent for necessary emergency medical treatment and will be responsible for all costs involved. We will make an attempt to contact you before treatment is given.

Parent's Signature \_\_\_\_\_

<https://app.programax.org/programs/387/events/184>