

2018 LITTLE CHUTE FOOTBALL CAMPS

SITE: Little Chute High School Practice Field
ADDRESS: 1402 Freedom Road, Little Chute, WI 54140
DIRECTOR: Brian Ryczkowski, LCHS Head Football Coach
E-MAIL: bryczkowski@littlechute.k12.wi.us
PHONE: (920) 788-7600
ASSISTANTS: LCHS Football Coaching Staff and LCHS football players
COST: \$10 *Cash Only! (E-mail Coach if you have a question or concern)
DEADLINE: All forms must be received by **May 10th**
ATTIRE: Athletic shorts, t-shirt, socks, football cleats
BRING: A positive attitude and a strong desire to learn
GOAL: Learn the fundamentals of football in a positive environment and have FUN!
YOU GET: Better at football, a dilly bar, a poster and a t-shirt

7-12 FOOTBALL CAMP: Students entering grades 7 through 12
DATE: Five Days (June 13, June 20, June 27, July 11, July 18)
TIME: 3:00pm-6:30pm (be in the HS auditorium at 2:30pm on the first day- June 13)

1-6 FOOTBALL CAMP: Students entering grades 1 through 6
DATE: June 25th (Poor weather make-up date: June 26th)
TIME: 4:00pm-6:00pm

Camper's Name: _____ Grade: _____

Camp Attending (*circle one*) 7-12 FOOTBALL CAMP 1-6 FOOTBALL CAMP

Emergency Contact: _____ Relationship to athlete: _____

Phone Number: _____

E-mail: _____

T-shirt size (*circle one*): Youth: S M L Adult: S M L XL XXL XXXL

I certify that the above child is in good physical condition and is physically able to participate in football camp activities. Also, I hereby authorize the camp directors to act for me according to their best judgment in any emergency requiring medical attention. Furthermore, I hereby waive and release Little Chute High School, its athletic department, its football program, and the Little Chute Football Camp (its directors, coaches, and workers) from any and all liability for any injuries incurred while attending camp. I verify that my camper is covered by insurance.

Signature of parent or guardian

Date

Drop off or mail the bottom portion with cash only to the Little Chute High School office by May 10th