



# Red Demon Football Camp



## 2010 JUNIOR HIGH FOOTBALL CAMP

Monday, July 12 – Thursday, July 15

Time: 5:30 p.m. until 8:30 p.m. each day

- This camp is designed for 7<sup>th</sup> and 8<sup>th</sup> grade players – this camp will be an essential phase in your development as a Red Demon football player
- Daily activities will include football position fundamentals as well as drills to develop knowledge of offensive, defensive, and special teams schemes

### \$40

(Make checks payable to Red Demon Football Camps)

Camp fee includes a camp t-shirt

Dear Red Demon football player,

I'd like to invite you to the 2010 Red Demon Summer Football Camp. The benefits of attending team camp are staggering. With a new system comes new terminology and new methods of developing football players. This camp will give you the opportunity to become familiar with the program.

This camp will take place at **Memorial Stadium**. Coach Foster and his staff will present this very valuable camp for all 2010 Red Demon High School Football players. Please bring work-out gear and cleats. All physicals must be turned in the Athletic Office prior to coming to the camp. Any questions, please call Coach Foster (Office # 620-227-1611). See you on July 12<sup>th</sup>.

Dave Foster  
Red Demon Head Football Coach

## 2010 Red Demon JH Football Camp Registration Form

Name \_\_\_\_\_ Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ Grade \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Offensive Position \_\_\_\_\_ - Defensive Position \_\_\_\_\_ Special Teams \_\_\_\_\_

T-Shirt size \_\_\_\_\_

I hereby grant permission for my child, \_\_\_\_\_, to participate in the Red Demon Football Camp. My child has not suffered any illnesses in the past that would make participation in the camp a risk. I further agree to release from any liability, the Red Demon Football Camp, its staff, Dodge City High School, and U.S.D. 443 for any injury or illness to my child. I further authorize the staff of the Red Demon Football Camp to act for me in case of any medical emergency because of injury or illness to my child. I acknowledge that I am aware that participation in this camp will require physical activities of a nature which could result in injury to participants notwithstanding the absence of fault on the part of the camp, its staff, Dodge City High School, and U.S.D. 443. The camp staff has explained to me the particular activities to my satisfaction and I am hereby authorizing my child to participate in these activities.

Signature of Parent/Guardian

Date

*PLEASE BRING THE REGISTRATION FORM AND CAMP FEE TO THE 1<sup>ST</sup> DAY OF CAMP AT MEMORIAL STADIUM*