

# DODGE CITY FOOTBALL CAMP

## 2011 FOOTBALL CAMP

*Wednesday, June 1 – Saturday, June 4*

Time: 5:00 p.m. until 9:00 p.m. on June 1, 2, 3; 9:00 a.m. – 11:00 a.m. on June 4<sup>th</sup>

- 7<sup>th</sup> grade through 12<sup>th</sup> grade
- The format of this camp will allow campers to receive instruction in the fundamentals, as well as offensive, defensive, and special teams schemes

# \$40

(Make checks payable to Red Demon Football Camps)

Camp fee includes a camp t-shirt

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Dear football player,

I'd like to invite you to the 2011 Dodge City Football Camp. Campers will have the opportunity to receive instruction from current high school and junior coaches on the fundamentals and schemes implemented throughout the football season.

This camp will take place at **Memorial Stadium**. Coach Foster and his camp staff will present this very valuable camp for all football players. Please bring work-out gear (shorts and t-shirts) 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). Please bring your registration form and fee to camp. See you on June 1<sup>st</sup>.

Dave Foster

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## 2011 Dave Foster 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 Dave Foster 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 Dave Foster 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 Dave Foster 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.

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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*