

2015 Junior Wildcat Football Camp

On behalf of the football players and coaching staff at Edmonson County High School, I would like to invite you to the "2015 Junior Wildcat Football Camp" this May 5-7. If your goal is to be the best, then we hope you will plan to attend this camp. This will be a **non-contact camp**. Players simply need to wear gym shorts, T-shirts, and tennis shoes. They should bring football cleats if they have them.

Edmonson County High School players and coaching staff will instruct the campers in the basic fundamentals of football. Each camper will get to compete in a punt, pass, and kick competition. **They will all receive a camp T-shirt, a certificate, and a chance to win numerous prizes, such as t-shirts, Russell gear, etc.** The camp will be held at Edmonson County High School. Campers should report to the Football Field House on the football grounds.

The camp will begin on Tuesday, May 5th, from 3:15 p.m. to 4:45 p.m. and run through Thursday, May 7th. The camp is long enough to allow the kids to play in the parks and recreation's baseball games later that day. We will close the camp Thursday with a picnic. The camp will include an **Awards Ceremony, Obstacle Course, Pizza, and Powerade**. The cost of the 3-Day camp is only \$30. This camp is for grades K-8.

May 5-7 Tuesday-Wednesday-Thursday (3:15 p.m.-4:45 p.m.)

Cost-\$30

Make checks payable to: ECHS Football

THIS APPLICATION MUST BE RETURNED BY FRIDAY MAY 1st, 2015
WE DO ACCEPT WALKUPS ON TUESDAY IF NEEDED

Mail or bring application to:

Edmonson County High School
220 Wildcat Way
Brownsville, KY 42210
Attn: Coach Kyle Pierce

Name _____ Grade (Current) _____

Parent's Name _____

Mailing Address _____ **Transportation Home (Check One)**

Ride w/Parent _____

Home Phone _____ Ride w/Friend --

T-Shirt size: Youth S M L Adult--- S M L XL XXL

Phone and name to call in case of injury during camp

Name _____ Phone _____

I hereby grant permission to the Junior Wildcat Football Camp to have my son treated by a physician, if necessary, during camp. He is physically fit according to our family physician. I understand it is my responsibility to have insurance that covers my son in case of an accident during the camp and that the camp will not be held liable for any accident that occurs.

Physician's Name _____

Parent's Signature _____ Date _____