

NORSKI

Youth Football Camps

DATES: July 15-17, 2019 | **TIME:** 6:00pm-8:00pm

PLACE: DeForest High School – Practice Fields

(In case of inclement weather, camp will be held in High School Gym)

Camps are by Grade Entering in the Fall

PURPLE CAMP

Grades 1st – 3rd

GOLD CAMP





Grades 4th – 6th

BLACK CAMP

Grades 7th – 8th

Time: 6:00pm – 8:00pm

Camp Features:

-  **Individual Instruction At All Positions** (offense/defense)
-  **Special Team Instruction**
(kicking/punting & long snapping)
-  **Techniques**
(Form Tackling, Blocking, Stance, Releases, Pass Routes, Passing, Pass Rush, Hand Techniques, Agility, Catching, Ball Carrying, Pass Receiving and more)
-  **Flag Football Games** (by grade level)

Camp Staff:

DeForest High School Coaching Staff
Norski Alumni
Current Norski High School Players



PLAYER REGISTRATION

Registration is \$30.00

Walk-ins Welcome; Pre-Registration Preferred

Please Make Checks Payable to **DeForest High School** | Attn: Mike Minick | 815 Jefferson St, DeForest WI 53532

Player's Name _____

Parent's Name(s) _____

Address _____

City _____ Zip _____

Cell Phone _____ Home Phone _____

E-mail Address (will send reminders via e-mail) _____

Camp Attending: Purple Gold Black

Grade Entering in Fall:

1st 2nd 3rd 4th 5th 6th 7th 8th

T-shirt Size CHILD M___ L___

or

T-shirt Size ADULT S___ M___ L___ XL___ XXL___

My child has permission to attend the Norski Football Camp. In the event of injury, I give my consent for medical treatment and permission to the attending physician. I will be responsible for any medical or other charges in connection with my child's attendance at the camp. I acknowledge that at the Norski Camp, my child will participate in a sport that may involve, physical contact of the body with other persons or objects, including the ground and that at the Norski Camp, he/she may incur risk of injury. I specifically waive, give and release the Norski Camp staff for the liability for any claim for damages which I or my child may have for injuries or illness that he/she may sustain at the camp.

Parent Signature: _____ Date: _____

**Questions? Please contact: Mike Minick
(608) 842-6804 or mminick@deforestschoools.org**