

# I AM THE FUTURE

# YOUTH FOOTBALL CAMP



**JUNE 24<sup>TH</sup> – JUNE 27<sup>TH</sup> 2019**

**Who: BOYS & GIRLS ENTERING GRADES 2-6**

*Players will be grouped by grade level for instructional & safety purposes*

**When:** Mon-Thurs, 10am – 12pm (Noon)

**Where:** BCHS Football Practice Fields  
(Behind High School)

**Cost: \$20** Early Registration (by June 13<sup>th</sup>)  
**\$25** Registration on first day of camp  
(Please come early to register)

**What to Bring:** Shorts, Gym Shoes / Cleats, & a Drink



## CAMP FEATURES

- Learn from Brown City High School Coaching Staff & Varsity Players
- Develop proper fundamentals & techniques
- Learn and try ALL positions on the football field
- Speed & Agility Drills
- Daily Competitions
- A FUN environment for players to learn the game of football



BROWN CITY  
**GREEN DEVILS**

Player Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Age: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

	Youth Sizes			Adult Sizes		
Shirt Size:	YS	YM	YL	AS	AM	AL AXL

Emergency Contact: \_\_\_\_\_

Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Parental Consent:** I give my consent and approval for \_\_\_\_\_ to participate in the Brown City Youth Football Camp. I have adequate medical insurance or agree to pay for any medical expenses that would result from an injury sustained while participating in the camp. I agree not to hold Brown City Schools responsible for such expenses. In the event reasonable attempts to contact me are unsuccessful, I hereby give consent and authorize the administration of treatment.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*(for early registration)*

**PLEASE RETURN FORM WITH PAYMENT  
TO MR. SCHINDLER BY JUNE 13<sup>TH</sup>**

*(CHECKS CAN BE MADE OUT TO BROWN CITY SCHOOLS)*

**CONTACT INFORMATION**

COACH AREN COOPER  
(269) 876-2768

ACOOPER@BROWNCITYSCHOOLS.ORG

**BROWN CITY  
FOOTBALL**

