2018 Bullets

Football Camp

5th – 8th Grade

**Camp Info:**

**Who can come:** 5th, 6th, 7th, or 8th graders for the 2018-2019 school year

**Dates of camp:** Monday June 18 – Wednesday June 20

**Time of Camp:** 10:15 AM – 12:00 PM

**Location of Camp:** High School Game and Practice Fields

**Cost of Camp:** $40 donation to Football Program (Checks payable to Williamsville High School)

**Send Camp Form:** Aaron Kunz, 501 Turtle Dove Drive, Sherman IL 62684

**Form Due By:** Wednesday June 13

**Camp Coaches:** High School Football Coaches, Past and Current Bullet Football Players

**Concepts Coached in Camp**: Fundamentals of blocking, kicking, passing, receiving, form tackling, and other team concepts including offense, defense, and special teams. Contests will include Punt, Pass, and Kick, Trash Can Football, 7-on-7 Tournament

**Campers will receive:** 2018 Bullet Football T-Shirt.

**Camp Equipment Needed:** Cleats Only

If you have any questions – please call Coach Aaron Kunz at (217)299-0903

**Please fill out the following form and send it to Coach Kunz by June 13.**

**Mail to:**

**Aaron Kunz**

**501 Turtle Dove Sherman**

**Sherman, IL 62684**

**2018 Bullet 5th – 8th Grade Football Camp Form:**

**Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   **City**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State**:\_\_\_\_\_

**Shirt Size:**

*YS YM  YL   AS   AM AL   AXL AXXL*

**Grade *(grade in 2018-2019 school year; next school year’s grade)*** :\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information and Number:**

Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Waiver

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_also understand that my child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      (Print Name Parent/Guardian)            (Print Name of Camper)

must be covered by medical and/or accident insurance in order to participate in sports and hereby certify that my child is covered for injuries and/or death occurring as a result of participation in the Bullet Football Camp during the days of June 18 – June 20. I also certify that said insurance will be kept in force during the full time that my child engages in the Bullet Football Camp.

Insurance Provider/Policy #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have completed all of the information requested above and hereby certify that I have read and agree to all of the statements listed above.

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 

**Please return this form with payment (checks made out to Williamsville High School)**

**to Coach Kunz by June Wednesday 13th.**

**Mail to:**

**Aaron Kunz**

**501 Turtle Dove Sherman**

**Sherman, IL 62684**