



# Future Wildcat Youth Football 2011 Summer Camp (1st – 6<sup>th</sup> Grades)

This camp is open to all young players entering the **1<sup>st</sup> – 6<sup>th</sup> grades in August 2011**. The camp will focus on proper techniques & fundamentals needed to succeed at the youth level and to help prepare players for the 2011 football season. Attending the Future Wildcat Football Camp is a great opportunity to improve as a football player. In addition to learning valuable football skills, emphasis will be placed on the importance of hard work, positive attitude, training smart, discipline, pride, team concept, and having FUN!

- Where:** De Soto High School Football Facility
- When:** Monday, July 18<sup>th</sup> – Thursday, July 21<sup>st</sup>
- Cost:** \$35.00 Camp Fee (covers insurance, camp t-shirt)  
**\*Make Checks Payable to WILDCAT Football – No Refunds!**
- Time:** 10am -11:30am Monday - Thursday
- Dress:** t-shirt, shorts, athletic shoes (football cleats & mouthpiece optional)

If you have any additional questions please call Coach Byers (cell) 913.558.3897 or (DHS) 913.667.6250

Please detach the form below and return it with your check or money to the office at De Soto High School. C/O Coach Byers

## Future Wildcat Summer Football Camp (1<sup>st</sup> – 6<sup>th</sup> grades)

Name: \_\_\_\_\_ 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> (grade in the fall of 2011 circle one)

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

Phone #: \_\_\_\_\_ Parent/Guardian Name(s): \_\_\_\_\_

*(T-shirt Size)*

Adult: XXL XL L M S (circle one) - OR- Youth: XL L M S (circle one)

## \*Make checks payable to: Wildcat Football

**Release of Liability/Medical Authorization: (Participant's Name: \_\_\_\_\_)**

I authorize the staff of the 2011 Wildcat Summer Football Camp to act according to their best judgment in any emergency requiring medical attention and I waive and release the camp staff from any and all liability for any injuries or illness incurred while at camp. I have no knowledge of any physical impairment that would be affected by the named participant. I also give permission to the licensed physician selected by the camp to hospitalize or to secure proper treatment, anesthesia or surgery for my child in an emergency.

I agree to assume all costs related to such treatment. I understand that I will be responsible to any medical or other charges in connection with the named participant at this camp.

Parent or Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**\*Mailing Deadline to pre-register is June 10<sup>th</sup>, otherwise bring camp fee payment to 1<sup>st</sup> day of camp.**

Future Wildcat Football Camp | De Soto High School | 35000 W. 91<sup>st</sup> | De Soto, KS 66018