SHAWNEE HEIGHTS MIDDLE SCHOOL FOOTBALL CAMP-2021

Date: June 7th-10th (Monday-Thursday) **Ages:** Students entering 7th and 8th grade next fall Time: 10:15 a.m. - 12:00 p.m. Place: Shawnee Heights Varsity Game Field (High School North Gym if bad weather) Cost: \$25.00 cash or check payable to THUNDERBIRD FOOTBALL. Includes t-shirt, secondary insurance, and instruction. Director of Camp/Staff: Jason Swift, high school and middle school football staff and present Thunderbird players. Camp Purpose: The camp will include considerable amount of time dedicated to teaching fundamentals and safe techniques using terminology associated within our program. The coaching staff will focus on individual development, teaching specific position skills along with offensive and defensive schemes that will be used in the fall. We want each player to develop some football skills and enjoy playing football in this non-contact camp. All rules of the KSHSAA and the Shawnee Heights School District will be followed. This is not a school district sponsored program. Notes: Participants should wear t-shirt, shorts, cleats (if available), tennis shoes (if inside) and bring a mask, their own water, and any necessary medication. If you have any questions or need more information, contact Coach Swift at 913-908-7878, swifti@usd450.net \$25 cash or check payable to: THUNDERBIRD FOOTBALL Attn: Jason Swift Mail by May 30th or bring to camp: 4201 SE Shawnee Heights Rd. Walk ups are welcomed Tecumseh, KS 66542 All checks will be cashed after camp (Circle) **Grade (fall 2021):** 7th 8th T-shirt size: YS YM YL AS AM AL AXL Participant's Name: _____ Off. Pos. ____ Def. Pos. ____ ____, KS 66_____ Address: _____ Parents or Guardians: ______ Phone #: _____ 2nd Contact Name: 2nd Emergency Phone # I hereby register this person to participate in the Shawnee Heights Middle School Football Camp to be held at Shawnee Heights High School. I hereby release the camp employees from any liability for all injuries, illness or damages while participating or otherwise engaged in any activities connected with the program. The undersigned agrees to assume all risks and recognizes that despite reasonable safety precautions, injury can occur whenever one engages in physical activity. If an emergency arises, I authorize emergency treatment and hospitalization by the camp personnel. I have read and understand the waiver statement. Parent or Guardian's signature:

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