

2021 SHAWNEE HEIGHTS YOUTH FOOTBALL CAMP

Date: June 14th-16th (Monday-Wednesday)

Ages: Students entering 1st through 6th grade next fall

Time: 10:30 a.m. – 12:30 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: Coach Jason Swift, current H.S. and Youth football staff and present Thunderbird players.

Camp Purpose: To develop proper technique and fundamentals in football skills. Campers will get a chance to experience opportunities at many different positions in this non-contact camp. The focus of the camp is to develop their skills and enjoy playing the sport of football. 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 a 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, swiftj@usd450.net

\$25 cash or check payable to: **THUNDERBIRD FOOTBALL**
Mail by May 30th or bring to camp:
Walk ups are welcomed. All checks will be cashed after camp

Attn: Jason Swift
4201 SE Shawnee Heights Rd.
Tecumseh, KS 66542

Grade (fall 2021): 1st 2nd 3rd 4th 5th 6th (Circle) T-shirt size: YS YM YL AS AM AL AXL

Participant's Name: _____ **Elem. School:** _____

Address: _____, **KS 66** _____

Parents or Guardians: _____ **Phone #:** _____

2nd Contact Name: _____ **2nd Emergency Phone #** _____

I hereby register this person to participate in the Thunderbird Youth 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: _____

YOUTH FOOTBALL CAMP