

## Charlestown Football

### Middle School Spring Camp 2015

June 1, 2, 3, 4

3:20 - 5:15 PM

Current 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> graders

#### DETAILS

The camp will be conducted at Charlestown Middle School, immediately after school from 3:20 - 5:15 PM, on June 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup>. The camp will be ran by the high school varsity coaching staff, assisted by the middle school coaching staff and current CHS Pirate varsity football players. Campers will stay after school each day, meeting in the gym prior to practice. Players should be picked up at the football field by 5:30, each day.

#### FEATURES

Individual Instruction  
“Heads-up” Tackling  
Blocking  
Position Drills and Techniques  
Speed and Agility Drills  
7 on 7 Competitions

#### Cost

The cost is **\$20 dollars** per camper (t-shirt included) Make check payable to **Pirate Pride**.

Return registration form and check to:

**Mr. Connell/Mr. Pritchard in PE**

Questions: 812-736-1380 or  
[dward@gcs.k12.in.us](mailto:dward@gcs.k12.in.us)

Darin Ward, Head Football Coach

#### WHAT TO BRING

Each athlete is encouraged to wear cleats, shorts, T-shirt, and gym socks each day.

#### PURPOSE

The purpose of the camp is to develop strong character, discipline, teamwork, and football skills in all aspects of the game, while implementing our base offense and defense for our program. We want every athlete to have the opportunity to improve through football.

## REGISTRATION FORM

Name \_\_\_\_\_

Parent Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Current Grade (2014-15 school year) \_\_\_\_\_

Phone # \_\_\_\_\_

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

T-Shirt Size: (S, M, L, XL, XXL) \_\_\_\_\_

#### Person To Contact In Case Of Emergency

\_\_\_\_\_

\_\_\_\_\_

(name of camper)

has permission to participate in the Charlestown Football Skills Camp. I also hereby waive and release the camp from any and all liabilities arising from injuries incurred while at the camp. I also accept the financial responsibility for any medical charges that may be rendered for needed medical treatment.

\_\_\_\_\_

(Parent/Guardian Signature)

Insurance Carrier \_\_\_\_\_

Policy # \_\_\_\_\_