



**ST PAUL WILDCATS  
FOOTBALL CAMP  
Wednesday, August 4, 2021**

**GRADES 2ND-6TH**

**CAMP GOALS:**

1. To provide for skill development in football.
2. To increase knowledge of the game.
3. To give potential youth coaches skills and drills for their season.

**CAMP FEATURES**

- FUN
- INDIVIDUAL INSTRUCTION
- T-SHIRT
- TEAMWORK
- WINNING ATTITUDE

**GENERAL  
INFORMATION**

**DEADLINE FOR SIGN UP JULY 1ST**

PARENTS INVOLVED WITH YOUTH FOOTBALL ARE ENCOURAGED TO ATTEND!!

**ATTIRE: SHORTS, SHIRT, CLEATS**

**CHECK-IN: 8:00 A.M.**

**DAILY SCHEDULE**

**Offensive Drills: 8:15-9:00 am**

- O-Line
- QBs/RBs
- QBs/WRs

**Defensive Drills: 9:00-9:45 am**

- D-Line
- LBs
- DBs

**7 on 7 Game: 9:45-10:00 am**

ST PAUL'S VARSITY FOOTBALL STAFF, AS WELL AS VARSITY ATHLETES WILL BE WORKING THE CAMP.

SEND FORM AND PAYMENT TO:  
RUSTY FULLER- ST. PAUL PUBLIC SCHOOLS  
PO BOX 325  
ST PAUL, NE 68873

**APPLICATION AND PARENT  
RELEASE**

WE WISH TO ENROLL IN THE 2021 ST PAUL YOUTH FOOTBALL CAMP  
ENCLOSED IS A CHECK/CASH FOR \$20 AS A NON-REFUNDABLE PAYMENT.

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ PHONE: \_\_\_\_\_

SHIRT SIZE : \_\_\_\_\_ (SPECIFY YOUTH AND ADULT SIZES)

\*\*MAKE CHECKS PAYABLE TO ST PAUL HIGH SCHOOL



**PARENT RELEASE AND INDEMNITY  
AGREEMENT**

MY CHILD HAS PERMISSION TO ATTEND THE ST PAUL FOOTBALL CAMP. I HAVE NO KNOWLEDGE OF ANY PHYSICAL IMPAIRMENT THAT WOULD AFFECT MY CHILD'S PARTICIPATION. IN THE EVENT OF AN EMERGENCY, I AUTHORIZE THE STAFF TO ACT FOR ME IN OBTAINING WHATEVER MEDICAL TREATMENT DEEMED NECESSARY AND APPROPRIATE. I SPECIFICALLY CONSENT TO SUCH TREATMENT INCLUDING BUT NOT LIMITED TO HOSPITALIZATION AND SURGERY, AND WILL BE RESPONSIBLE FOR ANY MEDICAL OR OTHER CHARGES IN CONNECTION WITH THIS CAMP. I ACKNOWLEDGE THAT AT THIS CAMP, MY CHILD WILL PARTICIPATE IN A SPORT THAT MAY INVOLVE PHYSICAL CONTACT WITH OTHER PERSONS, OBJECTS, INCLUDING THE GROUND. I SPECIFICALLY WAIVE AND GIVE UP AND RELEASE THE ST PAUL STAFF AND SCHOOL DISTRICT FROM LIABILITY FOR ANY CLAIM FOR DAMAGES WHICH I OR MY SON MAY HAVE FOR INJURIES OR ILLNESS THAT HE MAY SUSTAIN AT CAMP.

PARENT/GUARDIAN SIGNATURE

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INSURANCE COMPANY

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