Marshfield Tiger Football Camp

Quarterbacks
Receivers
Linemen
Running Backs
Defensive Backs
Linebackers

Fill out the application and send with payment to:

MARSHFIELD TIGER FOOTBALL CAMP
MARSHFIELD SENIOR HIGH
1401 EAST BECKER ROAD
MARSHFIELD, WI 54449

More forms available at your school office

DATES: Mon., July 22nd through Thur., July 25th, 2013

LOCATION: Marshfield Senior High

GRADES 4-8: 1:00-3:30 p.m. **$35.00**

GRADES 9-12: 5:30-8:00 p.m. **$60.00**

MAKE CHECKS PAYABLE TO:

MARSHFIELD TIGER FOOTBALL CAMP

APPLICATIONS ACCEPTED ON A FIRST-COME, FIRST-SERVE BASIS
(Limit of 100 boys in each group)

$20.00 refund for cancellation prior to July 15th!!!

NO PLAYER WILL BE ACCEPTED WITHOUT PARENTAL APPROVAL

For further information, contact:

Denny Goettl

Home: 715-676-2109

Email: goettld@marshfield.k12.wi.us

SKILL EMPHASIS AND DEVELOPMENT

- Offensive emphasis on passing, receiving, & running-back skills
- Defensive emphasis on defensive secondary and linebacker skills
- Develop confidence in passing and receiving skills
- Area coaches and college athletes work with each camper
- Defensive players will develop techniques in form tackling
- Identification and reading of zone, man-to-man, and combination defenses for quarterbacks and receivers

Materials Needed for Camp:

1. Appropriate gear for outdoor workouts (shorts, socks, supporters, football jersey, etc.)
2. Football shoes and running shoes.
3. All quarterbacks should bring one leather football.
4. A towel and water bottle.
5. A willingness to work hard in order to learn and improve your skills.

Featured Coaches: Tom Journell and the UW-Stevens Point Staff

Marshfield Tiger Football Camp

Name _____ **Parent/Guardian**_____

Address_____ **Phone** _____

High School _____ **Year In School**_____ **T-Shirt Size: M ( ) L ( ) XL ( )**

Coach _____ **Position(s)** _____ **Ht.**_____ **Wt.**_____

My child has permission to attend the Marshfield Tiger Football Camp. I certify that within the past two years he/she has had a physical exam and that now he/she is physically able to participate in football camp activities without restriction. I acknowledge that at the Camp, my child will participate in a sport that may involve, among other things, physical contact of the body with other persons or objects including the ground and while at the Camp he/she may incur a risk of injury. In the event of illness or injury, I order injections, anesthesia, or surgery. I specifically waive and release the Camp staff and the Marshfield School District from liability for any claim for damages which I or my child may have for illness or injuries that he/she may sustain at the Camp. I will be responsible for any medical or other charges in connection with my child's attendance at the camp. I understand that $20.00 is refundable if cancellation is before July 15 and that no refund will be made after July 15.

Camper's Signature_____

Parent/Guardian's Signature_____