

# SIMPSON COLLEGE



## 2018 YOUTH FOOTBALL CAMP JUNE 4<sup>th</sup>-7<sup>th</sup>

Simpson Storm Football would like to invite you to our annual summer Youth Football Camp. We are excited to bring kids from the surrounding areas to our campus and expose them to the fundamentals of football. Our four day camp will encompass football techniques, games, competitions, and a whole lot of fun!

### CAMPERS WILL NEED:

- \*Remaining balance (if not paid in full)
- \*Shoes, Shorts, Shirt (Tennis shoes for inclement weather)
- \***No** Football related equipment necessary(Helmet, shoulder pads, shoes etc)

---

### CAMP COST \$100 Per Camper

#### Includes:

- Individual Instruction from Storm players and Coaches
- T-Shirt and Pizza Party at end of camp
- \$50 deposit required upon enrollment balance due the first day of camp.

### SCHEDULE

**8am-Check In/Stretch**

(Check In @ Bill Buxton Stadium)

**9am-Individual Positions**

**10:30am -Group Activities**

**11am-Competitive Games**

**11:30am-Camp Over**

# SIMPSON COLLEGE



Name: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

PARENT(S)/GUARDIAN(S) NAME: \_\_\_\_\_

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

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

GRADE ENTERING 2017-18 (Circle One)    **1<sup>st</sup>**    **2<sup>nd</sup>**    **3<sup>rd</sup>**    **4<sup>th</sup>**    **5<sup>th</sup>**    **6<sup>th</sup>**    **7<sup>th</sup>**    **8<sup>th</sup>**

Amount Enclosed:     \$50     Full Amount

REGISTER FOR CAMP ONLINE: [WWW.SIMPSONFOOTBALLCAMPS.COM](http://WWW.SIMPSONFOOTBALLCAMPS.COM)

(Registration fees will apply)

SHIRT SIZE (ALL ADULT)    S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_

### PERMISSION OF PARENTS

My child has permission to participate in the Simpson College Football Camp. I certify that my child has been examined by a doctor during the past year, cleared for playing football and is covered by our family health insurance policy. If injured, I give permission to a doctor/trainer to perform appropriate treatment. I hereby release the Simpson Football Camp and Staff from all claims resulting in any injury which may be sustained by my child.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Make all checks payable to: Simpson College Football Camp**

**Send form back to:**

Simpson Football  
701 N C Street  
Indianola, IA 50125

**For more information contact:**

James Hoffman  
Office: 515-961-1345  
Cell: 515-689-8838  
Email: james.hoffman@simpson.edu